

**PROJECTED EXCISE TAX LIABILITY**  
STATE EMPLOYEES' HEALTH INSURANCE PROGRAM

*Prepared for the:*

**State of Florida Department of Management Services**  
Division of State Group Insurance



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ACTUARIES AND CONSULTANTS

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## BACKGROUND

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The information in the following report is based on our interpretation of the legislation described herein as of the date the report was issued. As further guidance is issued regarding the calculation methodology and reporting, updated reporting should be presented.

All actuarial reporting in this document has been done in accordance with generally accepted actuarial principles.

### Overview

Section 9001 of the Affordable Care Act is entitled *Excise Tax on High Cost Employer-Sponsored Health Coverage*, and is commonly referred to as the “Cadillac Tax.” This section of the ACA imposes a tax if an employee is covered under any applicable employer-sponsored coverage at any time during a taxable period, and if there is any “excess benefit” with respect to coverage.

### Tax Amount

Beginning with coverage provided during Calendar Year 2018, the tax is equal to 40% of the amount considered to be an “excess benefit” during the taxable period. This “excess benefit” is defined as the difference between the cost of the health benefits and the applicable annual limitation threshold. The chart below summarizes the limitation thresholds for 2018 by coverage tier:

Calendar Year	Individual	Family
2018	\$10,200	\$27,500

Adjustments to these thresholds are legislated for a number of circumstances, including:

- Changes to the Consumer Price Index for all urban consumers (CPI-U)
- Health cost adjustments
- Plan membership dominated by individuals in “high-risk professions”
- Demographic considerations, such as age/gender mix or age/Medicare status of retirees

Additional information regarding these adjustments is provided under the following section of this report.

### Cost of Health Benefits

The legislation allows for the cost of health coverage to be calculated similarly to how the cost of COBRA coverage is determined under 26 U.S. Code § 4980B.

U.S. Code § 4980B(f)(4) defined the “applicable premium” for COBRA purposes as the cost to the plan for such period of the coverage for similarly situated beneficiaries with respect to whom a qualifying event has not occurred, regardless of whether that cost is paid by the employer or the employee. Subsection B allows self-insured plans to reasonably estimate this cost on an actuarial basis.

It is noteworthy that the legislation does not explicitly allow for the use of the COBRA applicable premiums, but rather, allow for the use of the same calculation methodologies. In instances where the COBRA

rates charged by a plan do not fully reflect the actuarially-estimated cost of the benefits provided, use of the COBRA rates to estimate the tax liability can result in significant understatement of the liability.

### **Payment Responsibilities**

According to the ACA, each “coverage provider” is responsible for paying the taxes imposed on its applicable share of the excess benefit with respect to an employee for any taxable period.

In this regard, a “coverage provider” is defined as follows:

- For coverage provided under an insured plan, the health insurance issuer
- For coverage under an arrangement under which the employer makes contributions to an HSA or MSA, the employer
- For coverage under any other applicable employer-sponsored benefit, the person that administers the plan of benefits.

The State currently offers both fully-insured and self-insured plans and makes contributions to health savings accounts (HSAs) for employees enrolled in the High Deductible Health Plan (HDHP). For self-insured benefits and for contributions made to an HSA, the State has the responsibility of calculating and paying the tax. For fully-insured plans, it is the State’s responsibility to calculate the tax, even though the insurer is responsible for paying it. However, it is reasonable to assume that although the insurers (Florida Health Care Plans and Capital Health Plan) are initially responsible for the payment of the tax, and will pass those cost increases back to the State in the form of increased premiums. These costs have been included in our projected excise tax amounts.

### **Penalties**

If the actual excise tax is greater than what was reported to the Internal Revenue Service (IRS), the penalty is the difference from the actual amount owed and what was reported, plus interest from the date the tax was due.

### **Recent Developments**

The IRS recently released Notice 2015-16. The notice intended “to initiate and inform the process of developing regulatory guidance regarding” the Excise Tax. The issues addressed by the notice included:

- The definition of applicable coverage subject to the tax;
- The determination of the cost of applicable coverage; and
- The application of the annual statutory limit to the cost of coverage.

We have incorporated our interpretation of this notice into this report.

## ASSUMPTIONS

### Cost of Health Benefits

*For purposes of this report, historical claims were reviewed, trended forward to projection periods, and blended to reflect the actuarially estimated cost of the benefits provided. Separate costs were developed for single and family coverage, as well as for active employees, pre-Medicare retirees, and post-Medicare retirees. Additionally, administrative expenses for each of the self-insured benefits were included in the estimated cost of the benefits provided. For fully-insured benefits, it was assumed that the insurer was charging a 5% retention and administrative fee in 2015.*

The baseline projections of the estimated benefit costs were based on two sets of trend assumptions, which are intended to demonstrate a range of projected excise tax amounts.

The first set of trend assumptions are based on a blend of actual trend experience for the plan during calendar years 2012, 2013, and 2014, contract negotiations with the fully-insured HMO plans for 2015, expectations for negotiations with the fully-insured HMO plans for 2016, and industry outlook on cost increases. This set of trend assumptions should be considered one end of a range of potential trend scenarios.

These combined trend rates are summarized below:

### Cost Trend Assumptions for Calendar Years 2018-2023 (Utilizing Historically Based Assumptions)

	Calendar Year								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>PPO Medical</b>	5.20%	5.56%	5.72%	5.68%	5.44%	5.50%	5.50%	5.50%	5.50%
<b>HMO Medical</b>	5.00%	5.40%	5.60%	5.60%	5.40%	5.50%	5.50%	5.50%	5.50%
<b>PPO Pharmacy</b>	2.85%	8.44%	11.37%	10.08%	8.14%	6.00%	5.50%	5.50%	5.50%
<b>HMO Pharmacy</b>	3.20%	5.80%	10.26%	9.98%	8.08%	6.00%	5.50%	5.50%	5.50%
<b>Fully Insured HMO Premium Payments</b>	3.60%	5.00%	5.60%	5.60%	5.40%	5.50%	5.50%	5.50%	5.50%
<b>Administrative Expenses</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Additionally, for the self-insured benefit offerings, we have assumed that medical benefits approximate 70% of the total cost of the benefits (medical and pharmacy benefits combined). Based on that assumption, we derived the following “blended” trend rates:

<b>PPO (with Pharmacy) Blended Trend</b>	4.50%	6.42%	7.42%	7.00%	6.25%	5.65%	5.50%	5.50%	5.50%
<b>HMO (with Pharmacy) Blended Trend</b>	4.46%	5.52%	7.00%	6.91%	6.20%	5.65%	5.50%	5.50%	5.50%

Alternatively, the set of trend assumptions outlined in the January 2015 Self-Insurance Estimating Conference develop the other end of the range of projected excise tax amounts.

**Cost Trend Assumptions for Calendar Years 2018-2023**  
 (Utilizing Self-Estimating Conference Assumptions)

	Calendar Year								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>PPO Medical</b>	6.00%	6.25%	6.75%	7.25%	7.50%	7.50%	7.50%	7.50%	7.50%
<b>HMO Medical</b>	6.50%	6.75%	7.25%	7.75%	8.00%	8.00%	8.00%	8.00%	8.00%
<b>PPO Pharmacy</b>	2.85%	8.55%	13.95%	14.70%	14.70%	14.70%	14.70%	14.70%	14.70%
<b>HMO Pharmacy</b>	3.20%	5.25%	12.10%	14.45%	14.40%	14.40%	14.40%	14.40%	14.40%
<b>Fully Insured HMO Premium Payments</b>	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%	7.00%
<b>Administrative Expenses</b>	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
<b>PPO (with Pharmacy) Blended Trend</b>	5.06%	6.94%	8.91%	9.49%	9.66%	9.66%	9.66%	9.66%	9.66%
<b>HMO (with Pharmacy) Blended Trend</b>	5.51%	6.30%	8.71%	9.76%	9.92%	9.92%	9.92%	9.92%	9.92%

For comparability purposes, tax projections have been developed under both sets of assumptions later in this report. Additionally, the following alternative trend assumptions were examined:

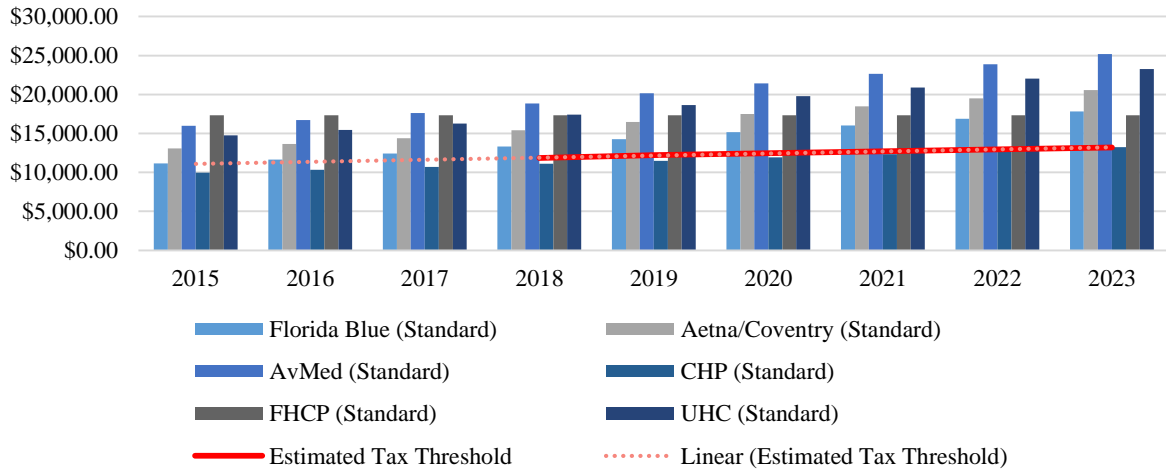
- Baseline trend assumptions increased by 1% for all years
- Baseline trend assumptions decreased by 1% for all years
- 0% trend for the first year; baseline trend for the following years

Contributions to the HSA for active employees in a HDHP have been included in the cost of coverage for these plans. At present, these contributions are \$500 per year for single coverage employees and \$1,000 per year for family coverage employees. Additionally, medical flexible spending accounts (MRAs) have been incorporated into the calculations. These per-employee contributions are assumed to remain fixed for the projection period.

With regard to the pre-Medicare eligible retirees, the development of the limitation threshold for the tax calculation attempts to reflect that this group traditionally has the highest per-employee costs of the three major groups (active, pre-Medicare retiree, post-Medicare retiree). However, the adjustment to the threshold that is allowed (an increase of \$1,650 for single retirees and \$3,450 for retirees with family coverage) does not adequately account for the increased cost associated with this group for the State.

The graph on the following page illustrates the estimated cost of coverage for the various single, pre-Medicare eligible retiree populations projected to be covered by the State under Standard plans for calendar years 2015 through 2023. Additionally, the graph provides the anticipated threshold liability beginning in 2018. As the graph demonstrates, several of these groups are expected to exceed the 2018 threshold as early as 2015.

### Pre-Medicare Retiree Cost Projections - Single Enrollees Calendar Years 2015 - 2023



For purposes of the graph, “Estimated Tax Threshold” represents the anticipated thresholds in 2018-2023 based on current legislation and guidance. “Linear (Estimated Tax Threshold)” is an estimation of those thresholds in 2015-2017, based on developed threshold amounts in 2018-2023. This information was developed for cost comparison purposes only.

## Enrollment

The baseline enrollment for eligibility is based on the enrollment projections provided in the January 2015 Estimating Conference. Additionally, for time periods beyond the scope of the Conference, we assumed that growth/decline rates in place as of the end of the projection period from the Conference remain in place in perpetuity. The chart below and on the following page summarizes the enrollment by plan and employment status for each projection year.

**Projected Monthly Enrollment (Calendar Years 2015 – 2023)**

Network	Plan	Coverage Type	Status	2015	2016	2017	2018	2019	2020	2021	2022	2023
Aetna/Coventry	Standard	Single	Active	1,954	1,954	1,955	1,956	1,957	1,958	1,959	1,961	1,963
Aetna/Coventry	Standard	Family	Active	2,887	2,840	2,793	2,749	2,713	2,677	2,645	2,616	2,592
Aetna/Coventry	Standard	Single	65+	152	150	148	146	144	142	140	138	137
Aetna/Coventry	Standard	Family	65+	27	26	25	24	23	22	21	20	19
Aetna/Coventry	Standard	Single	Early Ret	115	118	119	118	117	116	115	114	113
Aetna/Coventry	Standard	Family	Early Ret	30	37	41	43	45	47	49	51	54
Aetna/Coventry	HDHP	Single	Active	24	24	24	24	24	24	24	25	26
Aetna/Coventry	HDHP	Family	Active	16	11	6	3	3	3	3	3	3
Aetna/Coventry	HDHP	Single	65+	-	-	-	-	-	-	-	-	-
Aetna/Coventry	HDHP	Family	65+	-	-	-	-	-	-	-	-	-
Aetna/Coventry	HDHP	Single	Early Ret	1	1	1	1	1	1	1	1	1
Aetna/Coventry	HDHP	Family	Early Ret	-	-	-	-	-	-	-	-	-
AvMed	Standard	Single	Active	20,007	20,908	21,839	22,790	23,757	24,735	25,754	26,815	27,920
AvMed	Standard	Family	Active	26,818	27,575	28,353	29,150	29,953	30,756	31,581	32,428	33,298
AvMed	Standard	Single	65+	1,062	1,077	1,083	1,084	1,083	1,075	1,067	1,061	1,054
AvMed	Standard	Family	65+	219	223	226	229	232	235	238	241	244
AvMed	Standard	Single	Early Ret	831	874	900	901	902	903	904	905	906
AvMed	Standard	Family	Early Ret	172	247	293	300	307	314	321	329	336
AvMed	HDHP	Single	Active	250	240	231	224	218	212	206	201	195
AvMed	HDHP	Family	Active	167	173	181	191	201	211	222	233	244
AvMed	HDHP	Single	65+	1	1	1	1	1	1	1	1	1
AvMed	HDHP	Family	65+	1	1	1	1	1	1	1	1	1
AvMed	HDHP	Single	Early Ret	-	-	-	-	-	-	-	-	-
AvMed	HDHP	Family	Early Ret	1	2	3	4	5	6	7	9	10
CHP	Standard	Single	Active	10,911	11,281	11,671	12,069	12,469	12,875	13,294	13,727	14,175
CHP	Standard	Family	Active	14,988	15,074	15,180	15,286	15,392	15,502	15,613	15,724	15,837
CHP	Standard	Single	65+	3,551	3,623	3,671	3,704	3,733	3,756	3,778	3,801	3,823
CHP	Standard	Family	65+	859	874	887	895	897	899	901	903	905
CHP	Standard	Single	Early Ret	1,141	1,147	1,156	1,130	1,109	1,094	1,079	1,065	1,050
CHP	Standard	Family	Early Ret	222	335	398	403	408	413	418	423	429
CHP	HDHP	Single	Active	89	83	78	75	72	69	66	63	61
CHP	HDHP	Family	Active	65	66	69	74	79	84	89	95	101
CHP	HDHP	Single	65+	-	-	-	-	-	-	-	-	-
CHP	HDHP	Family	65+	-	-	-	-	-	-	-	-	-
CHP	HDHP	Single	Early Ret	1	1	1	1	1	1	1	1	1
CHP	HDHP	Family	Early Ret	-	-	-	-	-	-	-	-	-



**Projected Monthly Enrollment (Calendar Years 2015 – 2023) (Continued)**

Network	Plan	Coverage Type	Status	2015	2016	2017	2018	2019	2020	2021	2022	2023
FloridaBlue	Standard	Single	Active	25,712	25,574	25,447	25,329	25,212	25,095	24,979	24,863	24,748
FloridaBlue	Standard	Family	Active	30,447	30,097	29,769	29,449	29,129	28,808	28,491	28,177	27,866
FloridaBlue	Standard	Single	65+	17,433	17,401	17,367	17,317	17,267	17,217	17,169	17,121	17,075
FloridaBlue	Standard	Family	65+	5,794	5,789	5,789	5,785	5,781	5,782	5,784	5,785	5,787
FloridaBlue	Standard	Single	Early Ret	2,700	2,536	2,395	2,303	2,217	2,139	2,064	1,991	1,920
FloridaBlue	Standard	Family	Early Ret	704	820	885	880	875	870	865	860	855
FloridaBlue	HDHP	Single	Active	904	936	964	992	1,020	1,042	1,064	1,087	1,110
FloridaBlue	HDHP	Family	Active	771	743	712	673	634	603	574	545	519
FloridaBlue	HDHP	Single	65+	40	38	36	34	35	36	37	38	39
FloridaBlue	HDHP	Family	65+	8	8	8	8	8	8	8	8	8
FloridaBlue	HDHP	Single	Early Ret	30	30	30	30	30	30	30	30	30
FloridaBlue	HDHP	Family	Early Ret	7	7	7	7	7	7	7	7	7
FHCP	Standard	Single	Active	528	565	606	647	688	729	772	818	867
FHCP	Standard	Family	Active	724	726	728	730	732	734	736	738	740
FHCP	Standard	Single	65+	135	136	137	138	139	140	141	142	143
FHCP	Standard	Family	65+	22	22	22	22	22	22	22	22	22
FHCP	Standard	Single	Early Ret	37	36	35	34	33	32	31	30	29
FHCP	Standard	Family	Early Ret	7	9	9	8	7	6	5	4	4
FHCP	HDHP	Single	Active	12	18	24	30	36	42	49	57	67
FHCP	HDHP	Family	Active	5	6	7	8	9	10	11	12	14
FHCP	HDHP	Single	65+	-	-	-	-	-	-	-	-	-
FHCP	HDHP	Family	65+	-	-	-	-	-	-	-	-	-
FHCP	HDHP	Single	Early Ret	-	-	-	-	-	-	-	-	-
FHCP	HDHP	Family	Early Ret	-	-	-	-	-	-	-	-	-
UHC	Standard	Single	Active	1,579	1,696	1,813	1,930	2,047	2,164	2,288	2,419	2,557
UHC	Standard	Family	Active	2,240	2,387	2,532	2,670	2,805	2,940	3,082	3,230	3,385
UHC	Standard	Single	65+	36	35	34	33	32	31	30	29	28
UHC	Standard	Family	65+	8	8	8	8	8	8	8	8	8
UHC	Standard	Single	Early Ret	79	80	81	82	83	84	85	86	87
UHC	Standard	Family	Early Ret	12	17	21	21	21	21	21	21	21
UHC	HDHP	Single	Active	37	40	43	46	49	52	55	59	62
UHC	HDHP	Family	Active	33	35	37	39	41	43	45	47	50
UHC	HDHP	Single	65+	-	-	-	-	-	-	-	-	-
UHC	HDHP	Family	65+	1	1	1	1	1	1	1	1	1
UHC	HDHP	Single	Early Ret	-	-	-	-	-	-	-	-	-
UHC	HDHP	Family	Early Ret	-	-	-	-	-	-	-	-	-

## Threshold Amounts

The threshold amount is the key metric used to determine if a health plan will be subject to an excise tax. As discussed earlier, adjustments to the threshold can occur under the following scenarios:

- CPI-U for all urban consumers
- Health cost adjustment
- High risk professions
- Demographics

### *CPI-U for All Urban Consumers*

The threshold amounts are tied to the CPI-U for all urban consumers. Over the prior ten years, the CPI-U has averaged a 2.4% increase per year. For this analysis, we have assumed a 2% annual increase in the threshold. It is important to note that for Calendar Year 2019, an additional 1% is allowed. Therefore, a 3% assumption was used for 2019.

### *Health Cost Adjustment*

The ACA states that the 2018 threshold can be adjusted to account for the actual growth in the cost of healthcare. If the percent change in the cost between the 2018 and 2010 standard Federal Employees Health Benefits Plan (FEHBP) offered by Blue Cross/Blue Shield exceeds 155% (or 5.63% per year), then the threshold adjustment is equal to the difference between the change in the rates and 155%.

As of 2015, the FEHBP cost has increased an average of 3.45% per year since 2010. Since this rate is below the rate necessary to trigger a threshold adjustment, for purposes of this report, no adjustment has been made to the 2018 threshold.

### *High Risk Professions*

The ACA states that if the majority of employees in an employer-sponsored plan are in high risk professions, then the threshold can be increased by \$1,650 for individual coverages and \$3,450 for family coverages.

These professions include the following:

- Law enforcement officers
- Fire protection
- EMT, paramedics and first responders
- Construction
- Mining
- Agriculture
- Longshoreman
- Electrical line installers

Since our understanding is that the majority of the State employees are not employed in one of these high-risk professions, this adjustment has not been included in the projections.

*Demographics*

The ACA allows for an adjustment to the threshold if there is a significant difference between the demographics of the State employees and the national workforce.

The chart below compares the average age of active State employees to the average age of civilian government employees, as well as the gender percentage for each group. The information for the State employees was based on the October 2014 census. The information for the civilian government employees was based on data obtained from the *Profile of Federal Civilian Non-Postal Employees as of September 30, 2013* that was produced by the U.S. Office of Personnel Management.

Plan	State Employees	Civilian Government Employees
Average Age	46.4	47.3
Percent Male	42.5%	56.5%
Percent Female	57.5%	43.5%

Based on the information above, we have not adjusted the threshold for any significant differences in the demographics.

The ACA also provides for increases to the threshold for non-Medicare eligible retirees between the ages of 55 and 64. The annual thresholds will be increased by \$1,650 for individual coverage and \$3,450 for family coverage for these retirees.

The chart below summarizes the thresholds used in our analysis, which have been rounded to the nearest \$50.

	Coverage Tier	2018	2019	2020	2021	2022	2023
Active & 65+	Individual	\$10,200	\$10,500	\$10,700	\$10,900	\$11,100	\$11,300
	Family	\$27,500	\$28,350	\$28,900	\$29,500	\$30,100	\$30,700
Pre-65	Individual	\$11,850	\$12,200	\$12,450	\$12,700	\$12,950	\$13,200
	Family	\$30,950	\$31,900	\$32,550	\$33,200	\$33,850	\$34,550

## PROJECTIONS FOR CALENDAR YEARS 2018-2023

Based on our interpretation of the Affordable Care Act, as well as the assumptions defined in this report, we developed the following projection of the excise tax amounts due by the State (for the various self-insured benefit programs) and by the two providers of fully insured products. This projection focuses only on Calendar Years 2018 through 2023; it should be noted that although the projection stops, the excise tax amounts would continue beyond 2023.

### Excise Tax Projections for Calendar Years 2018-2023 (Utilizing Historically Based Assumptions)

Calendar Year	Coverage Tier	Aggregate Excess Benefit	Projected Excise Tax Amount			
			State	CHP	FHCP	Total
2018	Single	\$22,642,000	\$7,533,000	\$1,449,000	\$74,000	\$9,056,000
	Family	\$14,000	\$5,000	\$1,000	\$0	\$6,000
	Total	\$22,656,000	\$7,538,000	\$1,450,000	\$74,000	\$9,062,000
2019	Single	\$36,295,000	\$12,097,000	\$2,302,000	\$119,000	\$14,518,000
	Family	\$332,000	\$111,000	\$21,000	\$1,000	\$133,000
	Total	\$36,627,000	\$12,208,000	\$2,323,000	\$120,000	\$14,651,000
2020	Single	\$53,829,000	\$17,959,000	\$3,397,000	\$176,000	\$21,532,000
	Family	\$768,000	\$256,000	\$48,000	\$2,000	\$306,000
	Total	\$54,597,000	\$18,215,000	\$3,445,000	\$178,000	\$21,838,000
2021	Single	\$72,212,000	\$24,093,000	\$4,555,000	\$237,000	\$28,885,000
	Family	\$1,218,000	\$406,000	\$77,000	\$4,000	\$487,000
	Total	\$73,430,000	\$24,499,000	\$4,632,000	\$241,000	\$29,372,000
2022	Single	\$96,175,000	\$32,082,000	\$6,070,000	\$318,000	\$38,470,000
	Family	\$1,713,000	\$572,000	\$108,000	\$5,000	\$685,000
	Total	\$97,888,000	\$32,654,000	\$6,178,000	\$323,000	\$39,155,000
2023	Single	\$135,942,000	\$45,342,000	\$8,583,000	\$452,000	\$54,377,000
	Family	\$2,249,000	\$750,000	\$142,000	\$8,000	\$900,000
	Total	\$138,191,000	\$46,092,000	\$8,725,000	\$460,000	\$55,277,000
Total	Single	\$417,095,000	\$139,106,000	\$26,356,000	\$1,376,000	\$166,838,000
	Family	\$6,294,000	\$2,100,000	\$397,000	\$20,000	\$2,517,000
	Total	\$423,389,000	\$141,206,000	\$26,753,000	\$1,396,000	\$169,355,000

The projected excise tax amounts shown are a result of applicable share percentages for each category of coverage that varied as follows:

- Applicable Share for the State ranged from 83.2% to 83.4%
  - *Applicable Share for Aetna/Coventry ranged from 2.8% to 3.1%*
  - *Applicable Share for AvMed ranged from 34.7% to 38.1%*
  - *Applicable Share for Florida Blue ranged from 37.9% to 41.3%*
  - *Applicable Share for UHC ranged from 3.2% to 3.9%*
  - *Applicable Share for HSAs/MRAs ranged from 0.7% to 0.9%*
- Applicable Share for CHP ranged from 15.8% to 16.0%
- Applicable Share for FHCP remained consistent at 0.8%.

For comparative purposes, we have also developed a version of the excise tax projections based on the trend assumptions outlined in the January 2015 Self-Estimating Conference report.

**Excise Tax Projections for Calendar Years 2018-2023**  
 (Utilizing Self-Estimating Conference Assumptions)

Calendar Year	Coverage Tier	Aggregate Excess Benefit	Projected Excise Tax Amount			
			State	CHP	FHCP	Total
2018	Single	\$36,178,000	\$11,966,000	\$2,383,000	\$122,000	\$14,471,000
	Family	\$302,000	\$100,000	\$20,000	\$1,000	\$121,000
	Total	\$36,480,000	\$12,066,000	\$2,403,000	\$123,000	\$14,592,000
2019	Single	\$61,657,000	\$20,470,000	\$3,987,000	\$205,000	\$24,662,000
	Family	\$964,000	\$320,000	\$63,000	\$4,000	\$387,000
	Total	\$62,621,000	\$20,790,000	\$4,050,000	\$209,000	\$25,049,000
2020	Single	\$104,249,000	\$34,747,000	\$6,611,000	\$342,000	\$41,700,000
	Family	\$1,906,000	\$635,000	\$120,000	\$6,000	\$761,000
	Total	\$106,155,000	\$35,382,000	\$6,731,000	\$348,000	\$42,461,000
2021	Single	\$180,522,000	\$60,407,000	\$11,219,000	\$583,000	\$72,209,000
	Family	\$22,549,000	\$7,545,000	\$1,401,000	\$73,000	\$9,019,000
	Total	\$203,071,000	\$67,952,000	\$12,620,000	\$656,000	\$81,228,000
2022	Single	\$267,679,000	\$89,924,000	\$16,295,000	\$852,000	\$107,071,000
	Family	\$108,909,000	\$36,587,000	\$6,630,000	\$347,000	\$43,564,000
	Total	\$376,588,000	\$126,511,000	\$22,925,000	\$1,199,000	\$150,635,000
2023	Single	\$367,124,000	\$123,816,000	\$21,882,000	\$1,152,000	\$146,850,000
	Family	\$241,668,000	\$81,504,000	\$14,404,000	\$758,000	\$96,666,000
	Total	\$608,792,000	\$205,320,000	\$36,286,000	\$1,910,000	\$243,516,000
Total	Single	\$1,017,409,000	\$341,330,000	\$62,377,000	\$3,256,000	\$406,963,000
	Family	\$376,298,000	\$126,691,000	\$22,638,000	\$1,189,000	\$150,518,000
	Total	\$1,393,707,000	\$468,021,000	\$85,015,000	\$4,445,000	\$557,481,000

The projected excise tax amounts shown are a result of applicable share percentages for each category of coverage that varied as follows:

- Applicable Share for the State ranged from 82.7% to 84.3%
  - *Applicable Share for Aetna/Coventry ranged from 2.9% to 3.1%*
  - *Applicable Share for AvMed ranged from 34.6% to 38.9%*
  - *Applicable Share for Florida Blue ranged from 38.0% to 40.9%*
  - *Applicable Share for UHC ranged from 3.2% to 4.0%*
  - *Applicable Share for HSAs/MRAs ranged from 0.6% to 0.9%*
- Applicable Share for CHP ranged from 14.9% to 16.5%
- Applicable Share for FHCP remained consistent at 0.8%.

In addition to these detailed projections, we also reviewed the impact that various trend sensitivities would have on the anticipated excise tax payments due:

