

§ 156.400 Definitions. Link to an amendment published at 90 FR 27223, June 25, 2025.

The following definitions apply to this subpart:

*Advance payments of the premium tax credit* has the meaning given to the term in § 155.20 of this subchapter.

*Affordable Care Act* has the meaning given to the term in § 155.20 of this subchapter.

*Annual limitation on cost sharing* means the annual dollar limit on cost sharing required to be paid by an enrollee that is established by a particular qualified health plan.

*De minimis variation* means the allowable variation in the AV of a health plan that does not result in a material difference in the true dollar value of the health plan as established in § 156.140(c).

*De minimis variation for a silver plan variation* means a -0 percentage point and +1 percentage point allowable AV variation.

*Federal poverty level* or *FPL* has the meaning given to the term in § 155.300(a) of this subchapter.

*Indian* has the meaning given to the term in § 155.300(a) of this subchapter.

*Limited cost sharing plan variation* means, with respect to a QHP at any level of coverage, the variation of such QHP described in § 156.420(b)(2).

*Maximum annual limitation on cost sharing* means the highest annual dollar amount that qualified health plans (other than QHPs with cost-sharing reductions) may require in cost sharing for a particular year, as established for that year under § 156.130.

*Most generous* or *more generous* means, as between a QHP (including a standard silver plan) or plan variation and one or more other plan variations of the same QHP, the standard plan or plan variation designed for the category of individuals last listed in § 155.305(g)(3) of this subchapter. *Least generous* or *less generous* has the opposite meaning.

*Plan variation* means a zero cost sharing plan variation, a limited cost sharing plan variation, or a silver plan variation.

*Reduced maximum annual limitation on cost sharing* means the dollar value of the maximum annual limitation on cost sharing for a silver plan variation that remains after applying the reduction, if any, in the maximum annual limitation on cost sharing required by section 1402 of the Affordable Care Act as announced in the annual HHS notice of benefit and payment parameters.

*Silver plan variation* means, with respect to a standard silver plan, any of the variations of that standard silver plan described in § 156.420(a).

*Stand-alone dental plan* means a plan offered through an Exchange under § 155.1065 of this subchapter.

*Standard plan* means a QHP offered at one of the four levels of coverage, defined at § 156.140, with an annual limitation on cost sharing that conforms to the requirements of § 156.130(a). A standard plan at the bronze, silver, gold, or platinum level of coverage is referred to as a standard bronze plan, a standard silver plan, a standard gold plan, and a standard platinum plan, respectively.

*Zero cost sharing plan variation* means, with respect to a QHP at any level of coverage, the variation of such QHP described in § 156.420(b)(1).

[78 FR 15535, Mar. 11, 2013, as amended at 78 FR 65097, Oct. 30, 2013; 87 FR 27392, May 6, 2022]