

Covered California
 Certification Application for Plan Year 2019
 Appendix C PMPM_Member_Level_Detail_Response SAMPLE

Carrier HIOS ID	HIOSPLAN ID	Plan Name	Service Type	Plan Tier	Carrier Policy ID	Household Case ID	Enrollment ID	Gross Premium	Subscriber ID	Subscriber Name	Coverage Start Date	Coverage End Date	Exchange Member ID	Member Name	Member Type	Member Sequence #	Member Start Date	Member End Date	Coverage Month Year	Status	% of Premium	Participation Fee	Comments
40513	40513CA038000101	Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044	\$600.0000	1000002	John Doe	1/1/2017	12/31/2017	1000002	John Ray Doe	SELF	1	1/1/2014	6/6/2079	1/31/2017	C	4.00%	\$24.0000	
40513	40513CA038000101	K Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044		1000002	John Doe	1/1/2017	12/31/2017	1000003	Jane Lynn Doe	SPOUSE	2	1/1/2014	6/6/2079	1/31/2017	C	4.00%		
40513	40513CA038000101	Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044		1000002	John Doe	1/1/2017	12/31/2017	1000004	Billy Bob Doe	CHILD	3	10/4/2016	6/6/2079	1/31/2017	RA	4.00%		
40513	40513CA038000101	Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044		1000002	John Doe	1/1/2017	12/31/2017	1000004	Billy Bob Doe	CHILD	3	10/4/2016	6/6/2079	10/31/2016	RA	NA	\$13.95	
40513	40513CA038000101	Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044		1000002	John Doe	1/1/2017	12/31/2017	1000004	Billy Bob Doe	CHILD	3	10/4/2016	6/6/2079	11/30/2016	RA	NA	\$13.95	
40513	40513CA038000101	Kaiser Permanente-Silver 70 HMO	ME	SL	1111190826	5000350872	149044		1000002	John Doe	1/1/2017	12/31/2017	1000004	Billy Bob Doe	CHILD	3	10/4/2016	6/6/2079	12/31/2016	RA	NA	\$13.95	