

Please complete the following:

	Т
Issuer Name	
NAIC Company	
Code	
NAIC Group Code	
Regulator(s)	
Federal Employer	
ID	
HIOS/Issuer ID	
Corporate Office	
Address	
City	
State	
ZIP	
Primary Contact	
Name	
Contact Title	
Contact Phone	
Number	
Contact E-mail	
Check a	all applicable categories: □SADP Individual; □SADP SHOP; □Family Dental Plan Individual;
	□Family Dental Plan SHOP
On behalf of the SAI	DP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify th
	rided on this Application and in any attachments hereto are true, complete, and accurate. I understand that
	may review the validity of my attestations and the information provided in response to this application and
	andalone Dental Plans offered on the Exchange should the information provided is found to be inaccurate. I
•	·
confirm that I have to	the capacity to bind the SADP issuer stated above to the terms of this renewal application.
Date:	
Signature:	
Printed Name:	
	<del></del>



Title:

Title.	Requirements	Federal	State	Board	Yes/No	Comments/Explanation
	Requirements	Law	Law	Policy	162/110	s (Responses shall not
		Law	Law	lolicy		exceed 250 words)
I. Lic	ensed and in Good Standing					oxocca 200 Words)
1.1	Confirm that SADP issuer possesses and	45 CFR				
	maintains its license to offer health insurance and	§156.200(b)(4)				
	is in good standing with applicable state, and					
	federal authorities. Good standing means that the				□Yes	
	applicant has no material fines, no material				□No	
	penalties levied or material ongoing disputes with					
	applicable licensing authorities in the last two years					
	(See Appendix A – Definition of Good Standing)					
1.2	Are you seeking any material modification of an					
	existing license from the California Department of					
	Managed Health Care for any commercial					
	individual or small group products offered or				□Yes	
	proposed to be offered through Covered				□No	
	California? If yes, explain what modifications you					
	are seeking and when those are anticipated to be					
	approved?					
1.3	By submitting this application, SADP issuer agrees					
	to negotiate a contract or contract amendment for				□Yes	
	2015 in good faith with Covered California that will				□No	
	establish the terms and conditions of the business					
II D.	relationship.					
2.1	ovider Network Adequacy	45 CFR	Health		<u> </u>	
2.1	As a general requirement, SADP issuer must	§156.230(a)(2)	and			
	maintain continuing compliance with California provider network adequacy standards, laws &		Safety			
	regulations established by the applicable regulatory		Code §1367.0		□Yes	
	agency. Applicant understands that provider		3; 28		□No	
	network adequacy for its Covered California		CCR § 1300.67			
	products will be determined by the applicable state		.2.2 and			
	regulatory agency and verified by Covered		Ins Code §			
	regulatory agency and verified by Covered		Code §			



	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanation s (Responses shall not exceed 250 words)
	California. SADP issuer agrees to maintain a legally compliant provider network for each product offering (DPPO, DHMO, DEPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees.		10133.5 and 10 CCR § 2240- 2240.5			
2.2	SADP issuer agrees to maintain its provider network and continue to meets regulatory requirements based on SADP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that SADP issuer intends to propose for 2015 by completing Attachment A (QHP 2015 Enrollment Projections).				□Yes □No	
2.3	SADP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 by completing Attachment B1–SERFF Service Area Template (use SERFF¹ template current at the date of submission), Attachment B2 - Plan Type by Rating Region (Individual), and/or Attachment B3 – Plan Type by Rating Region (SHOP)					
	ontracting with Dental Providers Who Serve the Lo	w Income an	d Unins	ured Popu	lations	
3.1	Describe how SADP issuer is continuing to meet or exceed Covered California's network contracting requirements as defined in SADP Contract Article 3.06.					

<sup>&</sup>lt;sup>1</sup> System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners.



	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanation s (Responses shall not exceed 250 words)
4.1	Describe SADP's process to ensure that SADP					
	issuer can comply with SADP Contract Data					
	Submission Requirements (as defined in Appendix C) to Covered California.					
4.2	SADP agrees to submit claims and encounter <sup>2</sup> data					
	in the requested format to a third party vendor				□Yes	
	selected by Covered California for the purpose of				□No	
	performing clinical analytics.					
4.3	Confirm that SADP will submit, upon request, to the					
	Exchange dental utilization reporting to include the				□Yes	
	measure numerator, denominator, and rate for the				□No	
	required measures set in the SADP Contract					
\/ O"	Attachment 14 Chart 3.					
<b>v. Op</b>	perational Readiness and Capacity					
5.1	SADP issuer confirms that it can and will					
	accurately, appropriately and timely populate and submit SERFF templates at the request of Covered					
	California for:				□Yes	
	(1) Rates (Attachment D1 & D2)				□No	
	(2) Service Area (Attachment B1)					
	(3) Plan/Benefit Designs (Attachment F)					
	(4) Network (Attachment G)					
5.2	Demonstrate through existing SADP contract					
	compliance or systems testing that SADP issuer					
	operates systems which can accurately and timely					
	report electronic data to Covered California using					
	national standards for electronic transactions.					
5.3	Demonstrate, through submission of a March 2014					
	audit report or systems testing, as applicable, that					
	SADP issuer can accept 834, 820 and other					

<sup>&</sup>lt;sup>2</sup> Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.



	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanation s (Responses shall not exceed 250 words)
	standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachment C1 & C2)					
5.4	SADP agrees to submit contracting or participating provider lists and related information in a format as required by Covered California and at intervals requested by Covered California for the purposes of populating the centralized provider directory and to permit Covered California to perform network analytics.	45 CFR §156.230(b)			□Yes □No	
5.5	Describe how SADP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. SADP must maintain computer systems for testing any future modifications to the interface design and data interchange. SADP must maintain the service levels agreed to in the Trading Partner Agreement, as applicable. Covered California requires SADPs to sign a Trading Partner Agreement in order to participate in the required systems testing.					
5.6	Describe the SADP issuer's systems ability to generate invoices for new members, which must be fully operational no later than October 15, 2014.					
5.7	Describe SADP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all					



	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanation s (Responses shall not exceed 250 words)
	general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how SADP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.					
5.9	Describe SADP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts SADP issuer provides to members to help them identify and report possible fraud scams. Describe SADP's procedures to report fraud scams to law enforcement.					
5.11	Describe SADP issuer's safeguards against Social Security/ identity fraud.					
5.12	SADP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				□Yes □No	
	ates for 2015			_		
6.1	Submit premium rates for every proposed SADP by rating region for 2015 completing Attachment D1 and D2 - SERFF Rates Template for Individual and/or SHOP (use SERFF template current at the date of submission)					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment E for 2015 products					



	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanation s (Responses shall not exceed 250 words)
VIII O	proposed to be offered through Covered California. Complete Attachment E and provide updates to this information as additional documents are submitted to the applicable regulator.					,
7.1	O15 Standard Benefit Plan Design SADP issuer must adhere to 2015 standard benefit plan designs and requirements.				□Yes	
7.2	SADP issuer agrees to submit its proposed 2015 plans for its licensed geographic service area(s).				□Yes □No	
7.3	Comply with California state benefit plan laws in effect for 2015.				□Yes □No	
VIII.	Naming Convention Requirement					
8.1	SADP issuer must adhere to standard naming conventions adopted by Covered California for 2015.				□Yes □No	



#### **Appendix A: Definition of Good Standing**

Definition of Good Standing	Agency
Verification that issuer holds a state health care service plan license or insurance	
certificate of authority.	
Approved for lines of business sought in the Exchange (e.g. commercial, small	
group, individual)	DMHC
Approved to operate in what geographic service areas	DMHC
Most recent financial exam and medical survey report reviewed	DMHC
Most recent market conduct exam reviewed	CDI
3	
Affirmation of no material <sup>3</sup> statutory or regulatory violations, including penalties	
levied, in the past two years in relation to any of the following, where applicable:	DMHC and CDI
Financial solvency and reserves reviewed  Administrative and organizational conneity appartules.	
Administrative and organizational capacity acceptable  Description	DMHC
Benefit Design  Containing the second and the office.	DMIIO I ODI
State mandates (to cover and to offer)  For acticle to a little to a cover and to offer)	DMHC and CDI
Essential health benefits (State required)	DMHC and CDI
Basic health care services	CDI
Copayments, deductibles, out-of-pocket maximums	DMHC and CDI
Actuarial value confirmation (using 2015 Federal Actuarial Value Calculator)	DMHC and CDI
Network adequacy and accessibility standards are met	DMHC and CDI
Provider contracts	DMHC and CDI
Language Access	DMHC and CDI
Uniform disclosure (summary of benefits and coverage)	DMHC and CDI
Claims payment policies and practices	DMHC and CDI
Provider complaints	DMHC and CDI
Utilization review policies and practices	DMHC and CDI
Quality assurance/management policies and practices	DMHC
Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI
Independent medical review	DMHC and CDI
Marketing and advertising	DMHC and CDI
Guaranteed issue individual and small group	DMHC and CDI
Rating Factors	DMHC and CDI
Medical Loss Ratio	DMHC and CDI
Premium rate review	DMHC and CDI
Geographic rating regions	
Rate development and justification is consistent with ACA requirements  Appendix B. OUB Contract Data Submission Requirements	DMHC and CDI

#### **Appendix B: QHP Contract Data Submission Requirements**

<sup>&</sup>lt;sup>3</sup>. Covered California will, at its sole discretion, determine what constitutes a material violation for this purpose.



Contractor shall provide to the Exchange information regarding Contractor's membership through the Exchange in a consistent manner to that which Contractor currently provides to its major purchasers. Contractor and the Exchange shall work together in good faith to further define mutually agreeable information and formats for Contractor to provide to the Exchange, in all cases to remain generally consistent with the information shared by Contractor with its major purchasers.

## California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment A - SADP 2015 Enrollment Projections

Issuer Name: Product: Market:

Please complete a separate enrollment projection for each product and market type.

		Partial County	
Rating Region	County	Yes/No	2015 Enrollment Projections
Region 1	Alpine	1 00/110	
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		
Region 10	Merced		
Region 10	Mariposa		

		Partial County	
Rating Region	County	Yes/No	2015 Enrollment Projections
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

## California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment B1 - SERFF Service Area Template

Service Area v2.91	All fields with an asterisk (*)	are required							
Validate	To validate, press the Validate button or Ctrl + Shift + V. To finalize, press the Finalize button or Ctrl + Shift + F								
validate	Click Create Service Area ID	k Create Service Area IDs button (or Ctrl + Shift + S) to create service area ids based on you							
Finalize	Service Area IDs will populat	e in the drop-down box i	n Service Area ID column						
Tillalize	For each row, enter one Cour	nty for that Service Area	ID (unless the Service Area cove	rs entire state)					
HIOS Issuer ID:	t								
Issuer State:	*								
1									
Create Service Area IDs									
Service Area ID*	Service Area Name*	State*	County Name	Partial County					
Service Area ID*  Required: Enter the Service Area ID	Service Area Name*  Required: Enter the Service Area Name	State*  Required:  Does this Service Area cover the entire state?	County Name  Required if State is "No":  Select the County - FIPS this Service  Area covers	Partial County  Required if State is "No":  Does this Service Area include a partial county?					
Required:	Required:	Required: Does this Service Area	Required if State is "No": Select the County - FIPS this Service	Required if State is "No": Does this Service Area include					
Required:	Required:	Required: Does this Service Area	Required if State is "No": Select the County - FIPS this Service	Required if State is "No": Does this Service Area include					
Required:	Required:	Required: Does this Service Area	Required if State is "No": Select the County - FIPS this Service	Required if State is "No": Does this Service Area include					
Required:	Required:	Required: Does this Service Area	Required if State is "No": Select the County - FIPS this Service	Required if State is "No": Does this Service Area include					

## California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment B2 - Plan by Rate & Region Individual

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

	INDIVIDUAL								
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Catastrophic Plan	HSA Bronze Plan	
Region 1	Alpine								
Region 1	Del Norte								
Region 1	Siskiyou								
Region 1	Modoc								
Region 1	Lassen								
Region 1	Shasta								
Region 1	Trinity								
Region 1	Humboldt								
Region 1	Tehama								
Region 1	Plumas								
Region 1	Nevada								
Region 1	Sierra								
Region 1	Mendocino								
Region 1	Lake								
Region 1	Butte								
Region 1	Glenn								
Region 1	Sutter								
Region 1	Yuba								
Region 1	Colusa								
Region 1	Amador								
Region 1	Calaveras								
Region 1	Tuolumne								
Region 2	Napa								
Region 2	Sonoma								

		Partial						
Rating		County					Catastrophic	HSA Bronze
Region	County	Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Plan	Plan
Region 2	Solano							
Region 2	Marin						1	
Region 3	Sacramento							
Region 3	Placer							
Region 3	El Dorado							
Region 3	Yolo							
Region 4	San Francisco							
Region 5	Contra Costa							
Region 6	Alameda							
Region 7	Santa Clara							
Region 8	San Mateo							
Region 9	Santa Cruz							
Region 9	Monterey							
Region 9	San Benito							
Region 10	San Joaquin							
Region 10	Stanislaus							
Region 10	Merced							
Region 10	Mariposa							
Region 10	Tulare							
Region 11	Fresno							
Region 11	Kings							
Region 11	Madera							
Region 12	San Luis Obispo							
Region 12	Ventura							
Region 12	Santa Barbara							
Region 13	Mono							
Region 13	Inyo							
Region 13	Imperial							
Region 14	Kern							
Region 15	Los Angeles							
Region 16	Los Angeles							
Region 17	San Bernardino							
	Riverside							
Region 18	Orange							
Region 19	San Diego							

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment B3 - Plan by Rate & Region SHOP

If an Issuer currently sells Small Group and Individual, the Issuer must respond for SHOP in order to bid for Individual. Selecting a box below means Issuer will submit a QHP Bid for the selected rating region for the selected or all metal tiers and a catastrophic benefit design within that rating region. Issuer must offer a complete array of metal tiers and a catastrophic plan under either Standardized Plan 1 or 2, or the combined options, in order to submit an HSA Plan or propose an Alternate Plan. The 19 regions, shown below, are defined based on recent California legislation. Two-Tier networks are allowed to overlay standard benefit plan designs. A Two-Tiered Network is defined as a benefit design with two in-network benefit levels.

					SHOP				
Rating Region	County	Partial County Yes/No	Platinum Plan	Gold Plan	Silver Plan	Catastrophic Plan	HSA Bronze Plan	HSA Silver Plan	Alternate Plan
Region 1	Alpine								
Region 1	Del Norte								
Region 1	Siskiyou								
Region 1	Modoc								
Region 1	Lassen								
Region 1	Shasta								
Region 1	Trinity								
Region 1	Humboldt								
Region 1	Tehama								
Region 1	Plumas								
Region 1	Nevada								
Region 1	Sierra								
Region 1	Mendocino								
Region 1	Lake								
Region 1	Butte								
Region 1	Glenn								
Region 1	Sutter								
Region 1	Yuba								
Region 1	Colusa								
Region 1	Amador								
Region 1	Calaveras								
Region 1	Tuolumne								
Region 2	Napa								
Region 2	Sonoma								
Region 2	Solano								
Region 2	Marin								
Region 3	Sacramento								
Region 3	Placer								
Region 3	El Dorado								

		Partial								
Rating		County					Catastrophic	HSA Bronze	HSA Silver	
Region	County	Yes/No	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	Plan	Plan	Plan	Alternate Plan
Region 3	Yolo									
	San Francisco									
	Contra Costa									
	Alameda									
Region 7	Santa Clara									
Region 8	San Mateo									
Region 9	Santa Cruz									
Region 9	Monterey									
	San Benito									
	San Joaquin									
Region 10	Stanislaus									
	Merced									
Region 10	Mariposa									
Region 10	Tulare									
	Fresno									
Region 11	Kings									
Region 11	Madera									
Region 12	San Luis Obispo									
Region 12	Ventura									
	Santa Barbara									
Region 13	Mono									
Region 13	Inyo									
Region 13	Imperial									
Region 14	Kern									
Region 15	Los Angeles									
	Los Angeles									
	San Bernardino									
Region 17	Riverside									
	Orange									
	San Diego									

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment C1 - 834 Enrollment Files

M	arch 2014 834	Enrollment File Error Listing		
834 Enrollment Files Sent to Carrier - File Names	Number of	Carrier 999 Response File Sent	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: TO_999999_IND_2014030515897.edi	500	ex: FROM_99999_IND_201403056	4	0.8%

## California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment C2 - 834 Effectuation Files

March	2014 834 E	Effectuation File Error Listing		
834 Effectuation Files Sent from the Carrier - File Names	Number of Members in File	CalHEERS 999 Response File Sent to CalHEERS	No. of Rejected Files in 999 Response Due to Carrier Issues	Error Rate
ex: FROM_99999_IND_2014030515897.edi	500	ex:TO_99999_IND_201403056577899.edi	4	0.8%

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment D1 - SERFF Rates Template Individual

Rates Table Template v2.3	To validate press validate but	tton or Ctrl + Shift + V. To fine	alize, press Finalize button	or Ctrl + Shift + F.
Validate	If you are a community rating	state, select Family Option ur	nder Age and fill in all colun	nns.
validate	If you are not community ratin	g state, select 0-20 under Age	e and provide an Individual I	Rate for every age band.
Finalize	If Tobacco is Tobacco User/I	Non-Tobacco User, you must g	give a rate for Tobacco Use	and Non-Tobacco Use.
Tillalizo	To add a new sheet, press the	e Add Sheet button, or Ctrl + S	Shift + S. All plans must ha	we the same dates on a sheet.
HIOS Issuer ID	*			
Federal TIN	*			
Rate Effective Date				
Rate Expiration Date	*			
Add Sheet				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
the state of the s				
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non- Tobacco or No Preference enrollee on a plan
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee
•	•	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from	Select the age of a subscriber	Enter the rate of an Individual Non- Tobacco or No Preference enrollee

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment D2 - SERFF Rates Template SHOP

Rates Table Template v2.3	To validate press Validate bu	utton or Ctrl + Shift + V. To fine	alize, press Finalize button	or Ctrl + Shift + F.
Validate	If you are a community rating	g state, select Family Option ur	nder Age and fill in all colum	ins.
Validate	If you are not community ratio	ng state, select 0-20 under Age	e and provide an Individual I	Rate for every age band.
Finalize	If Tobacco is Tobacco User/	Non-Tobacco User, you must g	give a rate for Tobacco Use	and Non-Tobacco Use.
THRIEC	To add a new sheet, press th	ne Add Sheet button, or Ctrl + S	Shift + S. All plans must ha	ive the same dates on a sheet
HIOS Issuer	ID*			
Federal T	IN*			
Rate Effective Da	te*			
Rate Expiration Da	te*			
Add Sheet				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Require: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non- Tobacco or No Preference enrollee on a plan

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment E - Regulatory Product Filings

Issuer	Nam	φ.

#### Instructions:

Please provide the requested details associated with any Regulatory and/or Product filings necessary to obtain approval of products/plans that are to be submitted in response to this application.

Type of Filing	Regulatory Agency	Regulatory Filing Number (if applicable)	Product Filing Number (if applicable)	Date of Submission	Expected Date for Review / Approval	Amendment Number (If applicable)	Initial Filing Date (If applicable)	Comments
						-		

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment F - SERFF Plan Benefit Template

Plans & Benef	its Template v1	.32	To use this tem	plate, please revie	w the user guide a	nd instructions.					
HIOS Issuer ID*			You will need to	save the latest ve	rsion of the add-in	file (PlansBenefits	Addin.xlam) on your m	nachine.			
Issuer State*			To create the co	ost share variance	worksheet and en	ter the cost sharing	amounts for both indi	ividual and SHOP (sn	nall group) markets, use t	the Create Cost Share Var	iances macro.
Market Coverage*							Benefits Package m		,,		
Dental Only Plan*							State EHB Standards,		B macro.		
TIN*					_						
		Plan Id	lentifiers								
HIOS Plan ID* (Standard Component)	Plan Marketing Name*	HIOS Product ID*	HPID	Network ID*	Service Area ID*	Formulary ID*	New/Existing Plan?*	Plan Type*	Level of Coverage*	Unique Plan Design?*	QHP/Non-QHP
	Benefit Informati	on					Gen	eral Information			
Bei	nefits	ЕНВ	State Mandate	Is this Benefit Covered?	Quantitative Limit on Service	Limit Quantity	Limit Unit	Minimum Stay	Exclusions	Explanation (text field)	EHB Variance Reason
rimary Care Visit to	Treat an Injury or Illness										
Specia	alist Visit										
Physicia	r Office Visit (Nurse, n Assistant)										
Surger	Fee (e.g., Ambulatory y Center)										
	y Physician/Surgical rvices										
Benefits Packag				·					14		Ш

#### California Health Benefit Exchange SADP Issuer 2015 Renewal Application Attachment G - SERFF Network Template

Net	work Template v1.71	All fields with an asterisk (*) a	e required.
	Validate	To validate the template, press	Validate button or Ctrl + Shift + V. To finalize, press Finalize button or Ctrl + Shift + F.
	Validate	Click Create Network IDs butto	n (or Ctrl + Shift + N) to create network ids based on your state.
	Finalize	Network IDs will populate in the	drop-down box in Network ID column.
		Use each Network ID only once	A.
	HIOS Issuer IE	*	
	Issuer State	*	
	Create Network IDs		
	Network Name*	Network ID*	Network URL*
	Required:	Required:	Required:
	Required:	Required:	Required: