CERTIFICATION APPLICATION SUBMISSION GUIDELINES QUALIFIED HEALTH PLAN COVERED CALIFORNIA for SMALL BUSINESSMARKETPLACE PLAN YEAR 2025

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General Submission Guidelines:

- For all System for Electronic Rate and Form Filing (SERFF) templates submitted to Covered California, provide data for **on-Exchange products only**.
- Ensure templates are submitted to the "CoveredCC" SERFF instance.
- Submit all SERFF Templates in **.xls (Excel) and .xml** formats. This includes the Plan IDCrosswalk template submitted to the Supporting Documentation tab of Applicant's SERFF binder.
- All binders will be closed on the applicable date listed in **Table 1.1 - What to Submit inSERFF & Due Dates, at noon (12 pm PST).** Ensure submitted documents are accurate and complete, submissions will not be allowed after the binders have closed.
- Multiple rounds of template validation may besubject to Liquidated Damages, see below for details.

What to Submit in SERFF and Due Dates – Quarter 1

Table 1.1 SERFF Due Dates for Quarter 1

	Date Due Q1
Rates Template	7/26/2024
Rates Table Crosswalk	7/26/2024
URRT	7/26/2024
Actuarial Memorandum	7/26/2024
Service Area Template	7/26/2024
Plans & Benefits Template – standard plans and approved Alternate Benefit Designs	7/26/2024
Network ID Template	7/26/2024
Prescription Drug Template	7/26/2024
Plan Crosswalk ID Template	7/26/2024
EOC or Policy and SBC[1]	9/06/2024

- **Refer to the QHP Certification Application Plan Year 2025 Small Business Marketplace, Table 1.7 – Key Action Dates for Q2-Q4 submission dates**

Alternate Benefit Design Proposals

Covered California will notify Applicants of approved Alternate Benefit Design proposals by the applicable date listed in the QHP Certification Application Plan Year 2025 Small Business Marketplace, Table 1.7 Key Action Dates. Applicants must include approved Alternate Benefit Designs in all SERFF templates by the applicable date listed in **Table 1.1 - What to Submit in SERFF and Due Dates**.

[1] *Final and regulator-approved. See Evidence of Coverage (EOC) or Policy and Summary of Benefits and Coverage (SBC) for additional instructions.

Infertility

All QHP Issuers participating in Covered California for Small Business must offer all QHPs with and without infertility coverage. Infertility riders will not be permitted. This means Issuers MUST to create two plans, with different Plan IDs, for each QHP offering: one that includes infertility coverage and one that does not include infertility coverage. Infertility and Non-Infertility Plans MUST be listed in separate tabs on the carrier's Plans & Benefits Template. Do not include Infertility and Non-Infertility Plans on the same tab.

SERFF Templates

Applicants must download and use the new coverage year SERFF templates. The templates and supporting documentation are available from the following website:
https://www.qhpcertification.cms.gov/s/QHP

Rates Table Template

The Small Business Distribution Rate document will be distributed through Manage Documents in Proposal Tech, with a notification to Applicants when available. Download the Rates Table Template from the cms.gov website. Complete and include this Rates Table Template with your submission. Ensure data submitted in the Rates Table Template are consistent with data submitted in the Rates Table Crosswalk and Plans & Benefits Template (e.g. Plan IDs.)

Contracted QHP issuers may choose to make quarterly rate updates for the second, third and fourth quarters by submitting rate updates at least 120 days prior to the quarter begin date on a **new** worksheet in the Rate Template. Following applicable regulator rate review, quarterly rate updates shall be in effect for the 12-month period subsequent to the initial effective datesfor all employer groups.
Do not include off-exchange products.

Plans & Benefits Template

Download the Plans & Benefits Template from the cms.gov website.
Complete and include this Plans & Benefits Template with your submission.

Applicants must follow the Patient-Centered Benefit Plan Designs approved by the Covered California Board for the benefit year for which they are applying. Covered California prepares standard instructions to complete the Plans and Benefits Template in accordance with the Patient-Centered Benefit Plan Designs.

Covered California's **Bronze and Bronze HDHP** plans meet the requirements for the Expanded Bronze AV Standard, which are outside of the federal de minimis range. Choose the "ExpandedBronze" Level of Coverage option to allow for the extended AV range. This will permit the Plansand Benefits template to pass internal validation checks and be uploaded into SERFF.

For all plans, in the instance the AVC calculates outside the de minimis or outside the Expanded Bronze AV Standard range, Applicants will need to choose "Yes" for Unique Plan Design in the template. Covered California will provide guidance on which specific plans will require this additional step.

Covered California and the applicable regulator must approve deviations from the Patient-Centered Benefit Plan Designs. If deviations are proposed, Covered California requires submittalof Attachment C with the Certification Application. Deviations that are not proposed on an Attachment C and have not been approved by the regulator and Covered California will not be accepted in the Plans and Benefits Template and will be returned for correction with a discrepancy report. Applicants may need to complete new templates if discrepancies are identified during validation.

For Applicants proposing an Alternate Plan Design, Attachment G and Attachment H must be submitted by the applicable date listed in the QHP Certification Application Plan Year 2024 Small Business Marketplace, Table 1.7 Key Action Dates. The Alternate Plan Design data that is entered within the Plans and Benefits template must match what has been proposed on Attachment F. If there are changes made to the Alternate Benefit Design after submittal, the Applicant must submit an updated Attachment F. Applicants will be subject to a discrepancy report if proposed Alternate Benefit Design does not match between the Attachment F and the Plans and Benefits template.

Covered California provided an Applicant training to complete the Plans and Benefits Template with Covered California specific requirements. Standard naming conventions and detailed instructions related to cost-sharing for benefits not specified in the coverage year Patient-Centered Benefit Plan Design but required in the templates are also provided. See:

1. **Covered CA Plan Year 2025 SERFF Template Training**

After completing the Plans and Benefits template, Applicants must use the validate function and correct any identified errors. Once the template is free of errors, make a screenshot of the

successful validation message and upload it to the Supporting Documentation Tab.
Only templates that have successfully validated may be uploaded.

Do not include off-exchange products.

Prescription Drug Template

Download the Prescription Drug Template from the cms.gov website.
Complete and include this Prescription Drug Template with your submission. The plan's formulary tiers must adhere to the coverage year Patient-Centered Benefit Plan Designs. Applicants are not required to complete the supporting documents related to the Prescription Drug Template.

Do not include off-exchange products.

Network ID Template

Download the Network ID Template from the cms.gov website. Complete and include this Network ID Template with your submission. Applicants should review the document, Covered California Provider Data Submission Guide, for specific instructions on how to create network IDs.

Use the same network ID for the same product and associated network every year. For example, if Applicant offers a PPO product in the current plan year with network ID CAN001,the PPO product in the upcoming plan year must also have the network ID CAN001.

If Applicant offers the same product with the same network in both the Individual and CCSB markets, the network ID for this product will be the same in both markets.

Service Area Template

Download the Service Area Template from the cms.gov website.
Complete and include this Service Area Template with your submission. Ensure your ServiceArea Template only include ZIP codes listed in the in the PY2025 Covered California Zip Code Reference List.

Do not include off-exchange products.

Covered California ZIP Code Reference List

The coverage year Covered California ZIP Codes are updated every year. Reference the PY2025 Covered California Zip Code Reference List for all updated ZIP codes by county and pricing region. All ZIP codes listed in the Service Area Template must match the ZIPcodes on this list.

SERFF File Naming Convention

All file names must include the date the file was loaded in SERFF, in the following format: YYYY-MM-DD. All binder names must follow the following naming convention:

HIOS # YYYY-MM-DD On-Exchange – Type

Binder Example:
98765 2024-07-26 On-Exchange – Medical

All Template names must include the date the template was loaded, the name of the template and version number.

Template Examples:
Network ID: 2024-07-26 Network_V1
Plan & Benefits: 2024-07-26 Benefits_V1
Service Area: 2024-07-26 Service Area_V1Rates: 2024-07-26 Rates Table_V1
Prescription: 2024-07-26 Prescription Drug_V1

Amendment Descriptions

All Applicant binder amendments must begin with the appropriate description of the amendment. The first words should indicate the reason for the action.

Examples of Appropriate Amendment Description:
"Updated SBCs and EOCs per DMHC final review"
"Updated Rate Table per Covered California direction"

It is not necessary to add additional words such as "Amending binder with …" or "The Plan submits …." The correspondence tab has limited space to show the comments for a listing of amendment letters. The reason should be clear within the first 45 to 50 letters. **It is mandatory for any updated template submission to be specifically mentioned in the amendment.**

Objection Letter

Applicants may receive an Objection Letter in their SERFF binder if the Plans and Benefits Template contains errors that must be corrected. A discrepancy report outlining the errors willbe attached to the Objection Letter. Applicants must respond to the Objection Letter with a corrected Plans and Benefits Template, an updated DIT workbook, and the following language:

"Corrected P&B Template per discrepancy report dated YYYY-MM-DD"
"Updated DIT workbook with revised P&B template dated YYYY-MM-DD"

Supporting Documentation

CCSB QHP Rates Table Crosswalk

The CCSB QHP Rates Table Crosswalk associates the Plan ID from the Rates Table Template to a Plan Name, Metal Level, Plan Design and Plan Type.
Rates Table Crosswalks are provided in this Submission Guidelines package.
Complete and include the applicable Rates Table Crosswalk(s) with your submission.The name of the file must follow the following convention:

HIOS # YYYY-MM-DD CCSB QHP Rates Crosswalk

Do not include off-exchange products.

Unified Rate Review Template (URRT)

Download the URRT from the cms.gov website.
Complete and include this URRT with your submission. Once document is uploaded on SERFF, ensure file is properly converted to **an Excel file with extension .xls (Excel), not .xml.** The nameof the file must follow the following convention:

HIOS # YYYY-MM-DD CCSB URRT

Actuarial Memorandum

Download the Actuarial Memorandum from the cms.gov website, via the Unified Rate Review Template Instructions link.
Complete and include this Actuarial Memorandum with your submission.The name of the file must follow the following convention:

HIOS # YYYY-MM-DD CCSB Actuarial Memo

Plan ID Crosswalk Template

Applies only to Applicants whose QHPs were certified in 2024.

Download the Plan ID Crosswalk Template from the cms.gov website.
The Plan Crosswalk Template will assist in enrollment for changed Plan IDs from 2024 to 2025.All Applicants must complete the Plan ID Crosswalk, regardless of whether the Plan ID has changed. Ensure all counties offered in 2024 are cross walked to valid 2025 plans and all reasons selected are consistent with the 2025 plan offerings. For example, Applicant will provide all 2023 offerings cross-walked to a 2025 Plan ID (new or same) and if discontinuing a product, the correct reason is selected on the template.

Note: Plan IDs do not have to change from year to year.

Supplemental URL Submission

webpage and must not lead to the Applicants website home page or other general website page.

Data Integrity Tool (DIT)

The Data Integrity Tool is a review tool that is offered by CMS to cross validate between the Network, Rates, Service Area and Plans and Benefits templates. Applicants must use this tool after entering all plan data within each individual template and using the internal validation add-in. The DIT will then be used as a final validation for all required templates, and results must be uploaded to the Supporting Documentation tab in Applicant's SERFF binder. Include the full DIT workbook with validation results for all templates stated above.

Evidence of Coverage (EOC) or Policy and Summary of Benefits and Coverage

Applicants must provide final, regulator-approved and marketing ready EOC or Policy and SBC for **each** plan. Applicants will take all necessary steps and work with their regulator to meet all necessary deadlines for system loading and quoting. If the EOCs or Policy Documents are pending regulatory approval, make a footnote stating, "Subject to Regulatory Approval." **EOCs and SBCs must be submitted in a single ZIP file.** The SBC must be combined with the EOC or Policy into one document per plan, submitted as a pdf, CCSB recommends that carriers submitEOCs and SBCs with the following **file naming convention**:

[Issuer Name] [Network Marketing Name] [Metal Tier Name] [AV] [Product Type] [deductible-primary care office visit cost share] [+Child Dental if applicable] [ALT, if applicable] [INF, if applicable] [SPN, if applicable]

There should be no spaces in between each data point.

Do not submit documents for plans that will not be made available for enrollment of the coverage year.

Plan Naming Conventions

SERFF Template Naming

Applicants must adhere to the Covered California's Plan Naming Conventions on all SERFF template submissions, marketing materials and enrollee materials.

When a specific plan is mentioned or promoted in marketing materials, it must include *Issuer name + plan name* at least once within that marketing material and ideally on the 1st mention (e.g. Covered California Bronze 60 HMO or Covered California Family Dental DHMO). Subsequent plan name mentions within the same marketing material can be the plan name without the Issuer name (e.g. Bronze 60 HMO OR Family Dental DHMO).

Example: *[Issuer] Bronze 60 HMO offers you comprehensive health coverage at an affordable price. With the Bronze 60 HMO you can get the protection you need and have peace of mind.*

Note: Actuarial Value (AV) used in the plan name is the standard AV (e.g. 60, 70, 80, and 90) for that metal tier, not the actual AV of the product itself.

If a plan includes Infertility benefits, the abbreviation "INF" will always be the final component of the plan name.

Health:

Covered California for Small Business Standard Plan Names

2025 Covered California for Small Business QHPs On and Off Exchange
[Issuer name] [Network Marketing Name] [metal tier name] [AV] [product type] [deductible/primary care office visit cost share] [+Child Dental, if applicable] [INF, if applicable]

CCSB QHP without Infertility or Pediatric Dental or off-Exchange mirrored product:
[Issuer] [Network Marketing Name] Platinum 90 HMO 0/15

CCSB QHP with pediatric dental and Infertility or off-Exchange mirrored product:
[Issuer] [Network Marketing Name] Platinum 90 HMO 0/15 +Child Dental INF

CCSB QHP with Infertility and without Pediatric Dental or off-Exchange mirrored product:
[Issuer] [Network Marketing Name] Platinum 90 HMO 0/15 INF

2025 Covered California for Small Business QHP Standard Plan Names
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 +Child Dental (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 +Child Dental INF (or HMO or EPO)

2025 HDHP Plan Names

[Issuer name] [Network Marketing Name] [metal tier name] [AV] [product type] [deductible/primary care office visit cost share] [+Child Dental, if applicable] [INF, if applicable]

[Issuer] [Network Marketing Name] Silver 70 HDHP PPO 2000/20% (or HMO or EPO)
[Issuer] [Network Marketing Name] Silver 70 HDHP PPO 2000/20% INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Silver 70 HDHP PPO 2000/20% +Child Dental (or HMO or EPO)
[Issuer] [Network Marketing Name] Silver 70 HDHP PPO 2000/20% +Child Dental INF (or HMO or EPO)

CCSB Plan Design with Two Different Provider Networks within the same Metal Tier

[Issuer name] [Network Marketing Name] [metal tier name] [AV] [product type] [deductible/primary care office visit cost share] [+Child Dental, if applicable] [INF, if applicable]

[Issuer] [Network Marketing Name] Silver 70 PPO 2000/45 (or HMO or EPO)
[Issuer] [Network Marketing Name] Silver 70 PPO 2000/45 (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 + Child Dental (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 + Child Dental (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 + Child Dental INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Bronze 60 PPO 6800/75 + Child Dental INF (or HMO or EPO)

2025 CCSB QHPs Alternative Benefit Design - On and Off Exchange [Issuer name] [Network Marketing Name] [metal tier name] [AV] [product type] [deductible/primary care office visit cost share] [+ Child Dental, if applicable] [Alt] [INF, if applicable]

Note: If more than one alternate design is submitted with the same deductible and primary care office visit, use Alt 1 and 2 to identify the different plans.
Example:
[Issuer] [Network Marketing Name] Gold 80 PPO 0/15 Alt 1 (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO 0/15 Alt 2 (or HMO or EPO)

CCSB Alternate Plan Names
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx Alt INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx + Child Dental Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx + Child Dental Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx + Child Dental Alt (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx + Child Dental Alt INF (or HMO or EPO)
[Issuer] [Network Marketing Name] Gold 80 PPO xx/xx + Child Dental Alt INF (or HMO or EPO)

Proposal Tech Attachment Naming
Applicants must adhere to the Covered California's Plan Naming Conventions on all Proposal Tech attachment submissions.
[Issuer] [Question Number] [Attachment Alphanumeric] [Optional Additional Naming]
Example: ABCD Health Plan_18.1.3_Attachment C – Patient Centered Benefit Design Deviations

Liquidated Damages
SERFF Templates

Applicant must submit complete and accurate SERFF Templates to Covered California. Covered California will participate in two rounds of validation with the Applicant. Applicant agrees to pay liquidated damages in the amount of $5,000 for each additional round of validation beyond the first two rounds. Changes to any or all of Applicant's SERFF Templates counts as one round of validation. If instructions provided by Covered California include inaccurate information which necessitates an additional round of validation, or an additional round of validation is necessary due to required changes by Covered California or Applicant's State Regulators, those rounds of validation will not be counted in the two rounds of validations.