

Minimum Essential Coverage Certification

Instructions:

Organizations requesting that the health insurance coverage they sponsor be recognized as minimum essential coverage must provide the following information to CMS.

Submit the information electronically to: phig@cms.hhs.gov

Submit any questions to: phig@cms.hhs.gov

I. ORGANIZATION AND CONTACT INFORMATION

Name of the organization sponsoring the plan	
Name and title of the individual who is authorized to make, and makes, this certification on behalf of the organization	
Address of individual named above	
Phone number of individual named above	

II. PLAN INFORMATION

A. Provide number of enrollees:

B. Provide eligibility criteria:

C. Provide cost sharing requirements, including deductible and out of pocket maximum limit:

D. Does the coverage provide all of the essential health benefits (as defined in ACA §1302(b) and its implementing regulations)?

Yes

No

If no, list the ones that are not provided:

III. CERTIFICATION

I certify that the health insurance coverage sponsored by this organization substantially complies with the provisions of Title I of the Affordable Care Act applicable to non-grandfathered individual health insurance coverage.

I declare that I have made this certification, and that, to the best of my knowledge and belief, it is true and correct. I also declare that this certification is complete.

Signature of the individual listed above

Date

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 4.25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.