

Name of Plan Sponsor or Government Agency	Name of Plan/Policy (Use new row for each plan/policy application)	Applicant (Plan/Policy Situs) City	Applicant (Plan/ Policy Situs) State	Plan/ Policy Effective Date (mm/dd/yyyy)	Name of Person Providing Certification	Title of Individual Providing Certification

Contact information for the individual providing certification							Early M
Street Address	City	State	Zip Code	Phone Number (including area code) (xxx-xxx-xxx)	Total Number of Individuals Covered by Plan/Policy (include all dependents covered)	Eligibility criteria (describe briefly)	Lifetime limits (2711)

Market Reforms (list the document that demonstrates that the coverage complies with each provision of Title I of the Affordable Care Act listed below)

Prohibition on rescissions (2712)	Coverage of preventive health services (2713)	Extension of dependent coverage (2714)	Development and utilization of coverage documents and standardized definitions (2715)	Ensuring the quality of care (2717)	Bringing down the cost of health care coverage (2718)	Appeals process (2719)

le I of the	Health Insurance Market Reforms (list the document that demonstrates that the coverage complie the Affordable Care Act listed below)				
Patient protections (2719A)	Fair Health Insurance Premiums (2701)	Guaranteed availability of coverage (2702)	Guaranteed renewability of coverage (2703)	Prohibition of preexisting condition exclusions or other discrimination based on health status (2704)	Prohibiting discrimination against individual participants and beneficiaries based on health status (2705)

s with each provision of Title I of		Does the coverage provided the essentia				
Non-discrimination in health care (2706)	Coverage for individuals participating in approved clinical trials (2709)	Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric

I health benefits listed below? (yes/no)						
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Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription	Plan Deductible	Out-of-pocket maximum limit

Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance		Emergency Room Copay/Coinsurance		Rx Copay/C
Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)

oninsurance

Coinsurance
(if applicable)