

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

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



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

<p><b>Fair Health Insurance Premiums (2701)</b></p>	<p><b>Guaranteed availability of coverage (2702)</b></p>	<p><b>Guaranteed renewability of coverage (2703)</b></p>	<p><b>Prohibition of preexisting condition exclusions or other discrimination based on health status (2704)</b></p>	<p><b>Prohibiting discrimination against individual participants and beneficiaries based on health status (2705)</b></p>	<p><b>Non-discrimination in health care (2706)</b></p>	<p><b>Coverage for individuals participating in approved clinical trials (2709)</b></p>
---	--	--	---	--	--	---

Does the coverage provided the essential health benefits listed below? (yes/no)

Ambulatory	Emergency	Hospitalization	Laboratory	Pediatric	Maternity/ Newborn	Mental Health/ Substance Abuse	Rehabilitative/ Devices	Preventive/ Wellness	Prescription
------------	-----------	-----------------	------------	-----------	-----------------------	---	----------------------------	-------------------------	--------------

		Office Visit Copays/Coinsurance		Hospital Inpatient Copay/Coinsurance	
<b>Plan Deductible</b>	<b>Out-of- pocket maximum limit</b>	<b>Copay (if applicable)</b>	<b>Coinsurance (if applicable)</b>	<b>Copay (if applicable)</b>	<b>Coinsurance (if applicable)</b>

Emergency Room Copay/Coinsurance		Rx Copay/Coninsurance	
Copay (if applicable)	Coinsurance (if applicable)	Copay (if applicable)	Coinsurance (if applicable)