

| 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 |
|---|--|------------------------------------|--------------------------------------|--|--|---|
|   |  |                                    |                                      |  |  |   |

|   |             |              |                 |   |  |  |
|---|-------------|--------------|-----------------|---|--|--|
| <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> |

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

| Lifetime limits (2711) | 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) | Patient protections (2719A) |
|------------------------|-----------------------------------|---|--|---|-------------------------------------|---|------------------------|-----------------------------|
|------------------------|-----------------------------------|---|--|---|-------------------------------------|---|------------------------|-----------------------------|

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

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

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

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

| Emergency Room<br>Copay/Coinsurance |                             | Rx Copay/Coinsurance  |                             |
|-------------------------------------|-----------------------------|-----------------------|-----------------------------|
| Copay (if applicable)               | Coinsurance (if applicable) | Copay (if applicable) | Coinsurance (if applicable) |