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						
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)

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 recissions (2712)	Coverage of preventive health services (2713)	Extenstion 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)

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)						
Fair Health Insurance Premiums (2701)	Guaranteed availablility of coverage (2702)	Guaranteed renewability of coverage (2703)	Prohibition of preexisting condition exclusions or other discrimination based on health status (2704)	Prohibiting discrimination against indvidual participants and beneficiaries based on health status (2705)	Non-discrimination in health care (2706)	Coverage for individuals participaing in approved clinical trials (2709)

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

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

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