



Indicate requests for deviations from the 2018 Standard Benefit Plan Designs by entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationale must include reference to regulatory compliance, administrative or operational barriers to implementing the 2018 Standard Benefit Plan Designs.

Common Medical Event	Service Type	Platinum Coinsurance Plan		Platinum Copay Plan		Gold Coinsurance Plan		Gold Copay Plan		Silver Plan		Bronze Plan		Silver Plan 100%-150% FPL		Silver Plan 150%-200% FPL		Silver Plan 200%-250% FPL		Bronze Plan		Bronze HDHP Plan		Catastrophic Plan		Rationale for benefit deviation (must reference regulatory compliance, administrative or operational barriers)		
		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies			
Health care provider's office or clinic visit	Primary care visit to treat an injury, illness, or condition																											
	Routine Foot Care																											
	Other practitioner office visit																											
Tests	Acupuncture																											
	Diabetes Education																											
	Specialist visit																											
Drugs to treat illness or condition	Allergy Testing																											
	Preventive care/ screening/ immunization																											
	Laboratory Tests																											
	X-rays and Diagnostic Imaging																											
Outpatient services	Imaging (CT/MRI scans, MRIs)																											
	Tier 1																											
	Tier 2																											
	Tier 3																											
	Tier 4																											
	Surgeon facility fee (e.g., Abortion for Which Public Funding is Prohibited (non MSP))																											
	Bariatric Surgery																											
	Physician/surgeon fees																											
	Outpatient visit																											
	Dialysis																											
Radiation																												
Chemotherapy																												
Infusion Therapy																												
Need immediate attention	Emergency room combined facility and physician fee (where applicable)																											
	Emergency medical transportation																											
Hospital stay	Urgent care																											
	Facility fee (e.g. hospital room)																											
	Transplant																											
Mental health, behavioral health, or substance abuse needs	Reconstructive Surgery																											
	Treatment for T&I																											
	Physician/surgeon fee																											
	Mental/Behavioral health outpatient office visits																											
	Mental/Behavioral health other outpatient items and services																											
Pregnancy	Mental/Behavioral health inpatient facility fee (e.g. hospital room)																											
	Mental/Behavioral health inpatient physician/surgeon fee																											
	Substance Use disorder outpatient office visits																											
	Substance Use disorder other outpatient items and services																											
Help recovering or other special health needs	Substance Use inpatient facility fee (e.g. hospital room)																											
	Substance use disorder inpatient physician/surgeon fee																											
	Prenatal care and preconception visits																											
Child eye care	Delivery and all inpatient services																											
	Well Baby Visits																											
	Home health care																											
	Outpatient Rehabilitation services																											
Child Dental Diagnostic and Preventive	Rehabilitative Speech Therapy																											
	Rehabilitative Occupational Therapy																											
Child Dental Basic Services	Rehabilitative Physical Therapy																											
	Outpatient Habilitation services																											
Child Dental Major Services	Skilled nursing care																											
	Durable medical equipment																											
Child Orthodontics	Prosthetic Device																											
	Hospice service																											
Child Dental Major Services	Eye exam																											
	1 pair of glasses per year (or contact lenses in lieu of glasses)																											
Child Dental Major Services	Oral Exam																											
	Preventive - Cleaning																											
Child Dental Major Services	Preventive - X-ray																											
	Sealants per Tooth																											
Child Dental Major Services	Topical Fluoride Application																											
	Space Maintainers - Fixed																											
Child Dental Major Services	Amalgam Fill - 1 Surface																											
	Root Canal- Molar																											
Child Dental Major Services	Gingivectomy per Quad																											
	Extraction- Single Tooth Exposed Root or Erupted																											
Child Dental Major Services	Extraction- Complete Bony																											
	Periodont with Metal Crown																											
Child Orthodontics	Medically necessary orthodontics																											



**California Health Benefit Exchange
QHP Certification Application for Plan Year 2018
Attachment C2 California Off Exchange Enrollment**

Please provide effectuated enrollment as of April 1, 2017 for each line of business. Effectuated means enrollee made binder payment. Membership for employer based coverage should be reported based on member residence address as opposed to employer location. Data submitted must be consistent with all SERFF templates and any other application submissions.

Rating Region	County	Employer Based			Individual Market		Government Payers		
		CalPERS	Large Group	Small Group	Mirrored Off-Exchange	Non Mirrored Off-Exchange	Tricare	Medi-Cal	Medicare
Region 1	Alpine								
Region 1	Del Norte								
Region 1	Siskiyou								
Region 1	Modoc								
Region 1	Lassen								
Region 1	Shasta								
Region 1	Trinity								
Region 1	Humboldt								
Region 1	Tehama								
Region 1	Plumas								
Region 1	Nevada								
Region 1	Sierra								
Region 1	Mendocino								
Region 1	Lake								
Region 1	Butte								
Region 1	Glenn								
Region 1	Sutter								
Region 1	Yuba								
Region 1	Colusa								
Region 1	Amador								
Region 1	Calaveras								
Region 1	Tuolumne								
Region 2	Napa								
Region 2	Sonoma								
Region 2	Solano								
Region 2	Marin								
Region 3	Sacramento								
Region 3	Placer								
Region 3	El Dorado								
Region 3	Yolo								
Region 4	San Francisco								
Region 5	Contra Costa								
Region 6	Alameda								
Region 7	Santa Clara								
Region 8	San Mateo								
Region 9	Santa Cruz								
Region 9	Monterey								
Region 9	San Benito								
Region 10	San Joaquin								
Region 10	Stanislaus								
Region 10	Merced								
Region 10	Mariposa								
Region 10	Tulare								
Region 11	Fresno								
Region 11	Kings								
Region 11	Madera								
Region 12	San Luis Obispo								
Region 12	Ventura								
Region 12	Santa Barbara								
Region 13	Mono								
Region 13	Inyo								
Region 13	Imperial								
Region 14	Kern								
Region 15	Los Angeles								
Region 16	Los Angeles								
Region 17	San Bernardino								
Region 17	Riverside								
Region 18	Orange								
Region 19	San Diego								
Statewide Total									

APPLICANT NAME																											
OE5 2017 2018 Media Plan																											
Media Plan	Costs (rounded)	2017 Q4												2018 Q1													
		3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb	
Television	\$																										
Radio	\$																										
Out-of-Home	\$																										
Print (Newsprint, Magazine, Freestanding)	\$																										
Direct Mail	\$																										
Shared Mail	\$																										
Search Engine Marketing	\$																										
Digital (display, video, mobile, radio)	\$																										
Social media	\$																										
E-mail marketing	\$																										
Other - Community Events	\$																										
Other - Lead Purchasing	\$																										

*Please add weeks, if needed
 *Use darker color to indicate media heavy up

SAMPLE COMPANY NAME																										
OE5 2017 2018 Media Plan																										
Media Plan	Costs (rounded)	2017 Q4												2018 Q1												
		3-Sep	10-Sep	17-Sep	24-Sep	1-Oct	8-Oct	15-Oct	22-Oct	29-Oct	5-Nov	12-Nov	19-Nov	26-Nov	3-Dec	10-Dec	17-Dec	24-Dec	31-Dec	7-Jan	14-Jan	21-Jan	28-Jan	4-Feb	11-Feb	18-Feb
Television	\$20M																									
Radio	\$1.5M																									
Out-of-Home	\$1M																									
Print (Newsprint, Magazine, Freestanding)	\$1M																									
Direct Mail	\$1M																									
Shared Mail	\$0																									
Search Engine Marketing	\$250k																									
Digital (display, video, mobile, radio)	\$300k																									
Social media	\$500k																									
E-mail marketing	\$250k																									
Other - Community Events	\$200k																									
Other - Lead Purchasing	\$50k																									

*Please add weeks, if needed
 *Use darker color to indicate media heavy up

