California Health Benefit Exchange QHP Certification Application for Plan Year 2018 Covered California for Small Business Attachment B Standard Benefit Plan Design Deviation



Indicate requests for deviations from the 2018 Standard Benefit Plan Designs be entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationa

		Platinum Coinsurance Plan		Platinum Gold oinsurance Plan Copay Plan Coinsurance Plan		Gold 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,						
Common Med ca Even	Sorv ce Type	Member Cos Share	D d b	Member Cos Share	Dd b	Member Cor Share	D d b	Member Cor. Share	D d b	Member Cor Share	D d b	Member Cos Share	Dd b	Member Cor Share	D d b	Member Cos Share	D d b	Member Cos Share	D d b	Member Cos Share	D d b	Member Cor Sham	D d b	Member Cos Share	D d b	administrative or operational barriers)
Med ca Even	Serv ce Type Primary care visit to treat an injury, illness, or condition	Cos Snare	Арр	Cos Snare	Арр	Cos Snare	Арр	Cos Snare	Афр	Cos Snare	Арр	Cos Snare	Арр	Cos Share	App	Cos Snare	Арр	Cos Snare	Арр	Cos Snare	App	Cos Snare	Арр	Cos Snare	АРР	
	Routine Foot Care																									
ovider's office	Other practitioner office visit  Acupuncture																									
ovider's office clinic visit																										
	Specialist visit Allergy Testing																									
	Preventive care/ screening/ immunization Laboratory Tests																									
ests																										
	Imaging (CT/PET scans, MRIs)																									
ugs to treat ness or	Tier 2 Tier 3																									
ndition	Time 4																									
	Surgery facility fee (e.g., Abortion for Which Public Funding is Prohibited (non MSP) Bariatric Surgery																									
	(non MSP) Bariatric Surgery																									
	Physician/surgeon fees																									
utpatient rvices	Outpatient visit Dialysis																									
	Radiation																									
	Chemotherapy Infusion Therapy																									
	Infusion Therapy Emergency room combined facility and physician fee (varived if admitted)																									
eed immediate	Emergency medical transportation																									
ttention	Urgent care																									
	Facility fee (e.g. hospital room)																									
ospital stay	Transplant Reconstructive Surgery																									
	Treatment for TMJ																									
	Physician/surgeon fee																									
	Mental/Behavioral health outpatient office visits  Mental/Behavioral health other outpatient items and																									
ental health,	services Mental/Behavioral health inpatient facility fee (e.g. hospital																									
ehavioral	room)																									
ealth, or ubstance abuse	Mental/Behavioral health inpatient physician/surgeon fee																									
eds	Substance Use disorder outpatient office visits Substance Use disorder other outpatient items and																									
	services																									
	Substance Use inpatient facility fee (e.g. hospital room)																									
	Substance use disorder inpatient physician/surgeon fee Prenatal care and preconception visits																									
regnancy	Delivery and all inpatient services Professional																									
	Well Baby Visits																									
	Home health care  Outpatient Rehabilitation services																									
	Rehabilitative Speech Therapy																									
elp recovering	Rehabilitative Occupational Therapy																									
r other special ealth needs	Rehabilitative Physical Therapy Outpatient Habilitation services																									
	Skilled nursing care																									
	Durable medical equipment Prosthetic Device																									
	Hospice service Eye exam																									
hild eye care	1 pair of glasses per year (or contact lenses in lieu of glasses)																									
	Oral Exam Preventive - Cleaning																									
hild Dental agnostic and																										
agnostic and eventive	Sealants per Tooth Topical Fluoride Application Space Maintainers - Fixed																									
ild Dental sic Services	Amalgam Fill - 1 Surface																									
	Root Canal- Molar Ginglandromy per Ound																									
hild Dental ajor Services	Root Canal-Molar Cingleectory per Quad Extraction-Single Tooth Exposed Root or Erupted Extraction-Complete Bony Pocedain with Metal Crown																									
	Porcelain with Metal Crown																									
hild rthodontics	Medically necessary orthodontics																									
Additional Benefits	Adult Eye Exam  Chiropractic																									

## California Health Benefit Exchange QHP Certification Application for Plan Year 2018 Covered California for Small Business Attachment C1 Current & Projected Enrollment

Please provide the following for each product (HMO/PPO/EPO/HSP) in the small group market:

- 1 Effectuated Enrollment as of April 1, 2017. Applicants not currently contracted should leave 2017 effectuated columns blank.
- 2 2018 Enrollment Projections. These should reflect anticipated enrollment for the Plan Year 2018.

Data submitted must be consistent with all SERFF templates and any other application submissions.

		HN	ИО	PF	<b>PO</b>	EF	<b>2</b> 0	HSP		
Rating Region	County	2017 Effectuated	2018 Enrollment	2017 Effectuated	2018 Enrollment	2017 Effectuated	2018 Enrollment	2017 Effectuated	2018 Enrollment	
Region 1	Alpine									
Region 1	Del Norte									
	Siskiyou									
	Modoc									
Region 1	Lassen									
Region 1	Shasta									
	Trinity									
Region 1	Humboldt									
Region 1	Tehama									
Region 1	Plumas									
Region 1	Nevada Sierra									
Region 1 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									
	Napa									
Region 2 Region 2	Sonoma Solano									
Region 2	Marin									
Region 3	Sacramento									
	Placer									
U	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 Region 9	Santa Cruz Monterey									
Region 9	San Benito									
Region 10	San Joaquin									
	Stanislaus									
Region 10	Merced									
Region 10	Mariposa									
Region 10	Tulare									
Region 11	Fresno									
	Kings									
	Madera									
Region 12	San Luis Obispo									
Region 12 Region 12	Ventura Santa Barbara									
	Mono									
Region 13	Inyo									
Region 13	Imperial									
	Kern									
Region 15	Los Angeles									
Region 16	Los Angeles									
Region 17	San Bernardino									
	Riverside									
Region 18	Orange									
Region 19 Statewio	San Diego									
Statewic	ae Total									

## California Health Benefit Exchange QHP Certification Application for Plan Year 2018 Covered California for Small Business Attachment C2 California Off Exchange Enrollment

Please provide current enrollment as of April 1, 2017 for each line of business.

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		Individu	al 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											

		,				
	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					
Statewi	de Total					

California Health Benefit Exchange
QHP Certification Application for Plan Year 2018
Covered California for Small Business
Attachment D2 Annual Marketing Plan

APPLICANT NAME														
Annual Marketing Plan														
Marketing Activities	July 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017 Jan 2018		Feb 2018	Mar 2018	Apr 2018	May 2018	June 2018	TOTAL MARKETING BUDGET	
AGENT COMMUNICATIONS														
Agent briefings/webinars														
ewsletters Service Ser														
Point of Sale Collateral to support agents													\$ -	
EMPLOYER MARKETING														
Print Advertising (Newsprint, Magazine,														
Trade publications)													\$ -	
Radio Advertising													\$ -	
Search Engine Marketing													\$ -	
Digital Advertising (display, video, mobile)													\$ -	
Social media													\$ -	
E-mail marketing													\$ -	
Direct mail													\$ -	
Lead purchasing													\$ -	
Other advertising/promotional activities													\$ -	
OTHER														
Community Events													\$ -	
						_						•	\$ -	

Note: Include only marketing activities/budget pertaining to Small Business.

Highlight the months when marketing activities are planned.

California Health Benefit Exchange
QHP Certification Application for Plan Year 2018
Covered California for Small Business
Attachment D3 Estimated Annual Marketing Budget by Geography

## **APPLICANT NAME Estimated Annual Marketing Budget BY GEOGRAPHY** Los Angeles/Orange San Francisco-Sacramento -**Marketing Activities TOTAL** Oakland - San Jose Stockton - Modesto San Diego Fresno-Visalia **Inland Empire Other Areas** AGENT COMMUNICATIONS Agent briefings/webinars \$ Newsletters Point of Sale Collateral to support agents \$ **EMPLOYER MARKETING** Print Advertising (Newsprint, Magazine, Trade publications) Radio Advertising \$ Search Engine Marketing \$ \$ Digital Advertising (display, video, mobile) Social media \$ -\$ E-mail marketing Direct mail \$ Lead purchasing \$ \$ Other advertising/promotional activities OTHER **Community Events** \$ \$ TOTAL \$

Note: Include only marketing activities/budget pertaining to Small Business.

Attachment G Covered California for Small Business Alternate Benefit Design

Enter cost-sharing amounts as copays or coinsurance that describe the enrollee's out-of-pocket costs for each benefit category, including applicability of deductible. List any exclusions in the column on the right. Columns left blank will be interpreted as not offered.

		Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		nate Plan 2/ se HDHP Plan 2	Gold Alter	nate Plan	Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)	Participating	Non- Participating	Non-Participating Participating		Non-Participating Participating		Participating	Non- Participating	Non-Participating Participating		Non-Participating Participating		Non- Participating Participating		Non-Participating Participating	
	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers	Providers
Estimated Actuarial Value	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Overall deductible Other deductibles for specific	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
services	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Facility-related Services	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Brand Drugs	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Dental Out-of-pocket limit on expenses	\$	\$ \$	\$ \$	\$	\$	\$ \$	\$	\$	\$ \$	\$	\$	\$	\$	\$	\$	\$
Out-oi-pocket limit on expenses	3	, a	- 3	- 5	3	3	2	, a		, a	3	\$	- 5	3	- 3	
Service Type	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share	Member Cost Share
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																
Acupunture																
Specialist visit																
Allergy Testing																
Preventive care/ screening/																
immunization																
Tests																
Laboratory Tests X-rays and Diagnostic Imaging																
Imaging (CT/PET scans, MRIs)																
Drugs to treat illness or condition																
Tier 1																
Tier 2																
Tier 3																
Tier 4 Outpatient services																
Surgery facility fee (e.g., ASC)																
Abortion (non MSP)																
Bariatric Surgery Physician/surgeon fees																
Outpatient visit																
Dialysis																
Radiation																
Infusion Therapy																
Chemotherapy  Need immediate attention																
Emergency room combined facility and physicians fee (waived if																
admitted) Emergency medical transportation																
Urgent care																
Hospital stay																
Facility fee (e.g., hospital room)																
Organ Transplant																

	Bronze Alternate Plan/ Bronze HDHP Alternate				Silver Alter Silver HDHP	rnate Plan/ Alternate Plan		nate Plan 2/ e HDHP Plan 2	Gold Altern	nate Plan	Gold Altern	ate Plan 2	Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)		Non-		Non-		Non-		Non-		Non-	Non-		Non-			Non-
	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers	Participating Providers
Reconstructive Surgery Treatment for TMJ																
Physician/surgeon fee Mental health, behavioral health, or substance abuse needs																
Mental/Behavioral health outpatient																
office visit																
Mental/Behavioral health other outpatient items and services																
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																
Substance Use inpatient facility fee (e.g. hospital room)																
Substance use disorder inpatient physician/surgeon fee																
Pregnancy																
Prenatal care and preconception visits																
Delivery and all inpatient services - Hospital																
Delivery and all inpatient services - Professional																
Help recovering or other special health needs																
Home health care																
Outpatient Rehabilitation services  Rehabilitative Speech Therapy																
Rehabilitative Occupational Therapy																
Rehabilitative Physical Therapy																
Outpatient Habilitation services																
Skilled nursing care  Durable medical equipment																
Prosthetic Device																
Hospice service Child eye care																
Eye exam																
1 pair of glasses per year (or contact lenses in lieu of glasses)																
Child Dental Diagnostic and Preventative																
Oral Exam Preventive - Cleaning																
Preventive - X-ray																
Sealants per Tooth																
Topical Fluoride Application  Space Maintainers - Fixed																
Child Dental Basic Services																
Amalgam Fill - 1 Surface																
Child Dental Major Services																

	Bronze Alternate Plan/ Bronze HDHP Alternate		Bronze Alternate Plan 2/ Bronze HDHP Alternate Plan 2		Silver Alternate Plan/ Silver HDHP Alternate Plan		Silver Alternate Plan 2/ Silver Alternate HDHP Plan 2		Gold Alternate Plan		Gold Alternate Plan 2		Platinum Alternate Plan		Platinum Alternate Plan 2	
Plan Type (HMO, EPO, PPO, etc.)	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers	Participating Providers	Non- Participating Providers
Root Canal - Molar																
Gingivectomy per Quad																
Extraction - Single Tooth Exposed																
Root or Erupted																
Extraction - Complete Bony																
Porcelain with Metal Crown																
Child Orthodontics																
Medically necessary orthodontics																
Additional Benefits																
Chiropractic																
Infertility																
Adult Eye Exam																