Applicants for minimum essential coverage recognition should provide the following information:

Name of Plan/Policy 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 Certifying the Application	Title of Individual Providing Certification	Total Number of Individuals Covered by Plan/Policy (include all dependents covered)	Eligibility criteria (describe briefly)

Certifier Street Address *Of individual providing certification*	Certifier City *Of individual providing certification*	Certifier State *Of individual providing certification*	Certifier Zip Code *Of individual providing certification*	Phone Number *Including area code of individual providing certification*	Prohibition against lifetime and annual limits PHS Act § 2711 *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2711* *If <u>None</u>, Enter 0*	Prohibition on rescissions PHS Act § 2712 *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2712* *If <u>None</u>, Enter 0*	Coverage of preventive health services PHS Act § 2713 *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2713* *If <u>None</u>, Enter 0*

Extension of dependent Coverage **PHS Act § 2714** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2714* *If <u>None</u>, Enter 0*	**Development and utilization of summary of benefits and coverage documents and standardized definitions** **PHS Act § 2715** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2715* *If <u>None</u>, Enter 0*	**Ensuring the quality of care** **PHS Act § 2717** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2717* *If <u>None</u>, Enter 0*	**Bringing down the cost of health care coverage** **PHS Act § 2718** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2718* *If <u>None</u>, Enter 0*	**Appeals process** **PHS Act § 2719** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2719* *If <u>None</u>, Enter 0*	**Patient protections** **PHS Act § 2719A** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2719A* *If <u>None</u>, Enter 0*

Fair health insurance premiums **PHS Act § 2701** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2701(the prohibition on rating based on gender)* *If <u>None</u>, Enter 0*	Guaranteed availability of coverage **PHS Act § 2702** *List the documents submitted for review that demonstrates that the coverage complies with PHS Act § 2702* *If <u>None</u>, Enter 0*	Guaranteed renewability of coverage **PHS Act § 2703** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2703* *If <u>None</u>, Enter 0*	Prohibition of preexisting condition exclusions or other discrimination based on health status **PHS Act § 2704** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2704* *If <u>None</u>, Enter 0*	Prohibiting discrimination against individual participants and beneficiaries based on health status **PHS Act § 2705** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2705* *If <u>None</u>, Enter 0*	Non-discrimination in health care **PHS Act § 2706** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2706* *If <u>None</u>, Enter 0*	Coverage for individuals participating in approved clinical trials **PHS Act § 2709** *List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2709* *If <u>None</u>, Enter 0*

Newborns' and Mothers' Health Protection Act PHS Act § 2725	Mental Health Parity and Addiction Equity Act PHS Act § 2726	Women's Health and Cancer Rights Act PHS Act § 2727	Actuarial value no less than 60 percent ACA § 1302(d)(1)
List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2725	*List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2726*	*List the documents submitted for review that demonstrate that the coverage complies with PHS Act § 2727*	*List the documents submitted for review that demonstrate that the coverage complies with ACA § 1302(d)(1)*
If <u>None</u>, Enter 0	*If <u>None</u>, Enter 0*	*If <u>None</u>, Enter 0*	*If <u>None</u>, Enter 0*

Ambulatory patient services	Emergency	Hospitalization	Laboratory Services	Pediatric Services	Maternity and newborn care	Mental health and substance use disorder services, including behavioral health treatment	Rehabilitative and habilitative services and devices	Preventive and wellness and chronic disease management	Prescription drugs
If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*	*If yes, list the documents submitted for review and the corresponding page numbers that demonstrate that the coverage complies with PHS Act § 2707*

Plan/Policy deductible *Enter In-Network Deductible* *If <u>None</u>, Enter 0*	Out of pocket maximum limit *If <u>None</u>, Enter 0*	Office Visit Copay *(if applicable)* *Dollar amount paid by enrollee* *Enter in-network Cost Share amount* *If <u>None</u>, Enter 0*	Office Visit Coinsurance *(if applicable)* *Percent for coinsurance Amount paid by enrollee* *Enter in-network cost share amount* *If <u>None</u>, Enter 0*	Hospital Inpatient Copay *(if applicable)* *Dollar amount paid by enrollee* *Enter in-network cost share amount* *If <u>None</u>, Enter 0*	Hospital Inpatient Coinsurance *(if applicable)* *Percent for coinsurance* *Enter in-network cost share amount* *If <u>None</u>, Enter 0*	Rx Copay *(if applicable)* *Dollar amount paid by enrollee* *Enter generic retail cost share amount* *If <u>None</u>, Enter 0*	Rx Inpatient Coinsurance *(if applicable)* *Percent for coinsurance* *Enter generic retail cost share amount* *If <u>None</u>, Enter 0*