

## Checklist for Summary of Benefits

### Instructions

- The Summary of Benefits Checklist is to be submitted with your Summary of Benefits. Both documents should be zipped and submitted as 1 file.
- Complete the checklist and submit it with your Summary of Benefits, which you will transmit via the HPMS MA or PDP Marketing Module.

### Requirements

All required and relevant information is included in the Summary of Benefits:

	Page#
<input type="checkbox"/> Adheres to language and format of the standardized Summary of Benefits “or approved hard copy changes”	<u>N/A</u>
<input type="checkbox"/> Marketing material ID	<u>    </u>
<input type="checkbox"/> Materials in 12 point font	<u>N/A</u>
<input type="checkbox"/> Title “Summary of Benefits” appears on the cover page	<u>    </u>
<input type="checkbox"/> Include Premium	<u>    </u>
<input type="checkbox"/> Include premium table (If applicable)	<u>    </u>
<input type="checkbox"/> Benefits are within one column	<u>N/A</u>
<input type="checkbox"/> Include all required benefit categories	<u>N/A</u>
<input type="checkbox"/> Include zip codes of counties, including partial counties	<u>    </u>
<input type="checkbox"/> Include customer service number, TTY/TDD number, and hours of operation	<u>    </u>
<input type="checkbox"/> Include Sections 1 and 2	<u>    </u>
<input type="checkbox"/> Include Section 3 Includes no more than six pages of text and graphics, either six single-sided pages or three double-sided pages (If applicable)	<u>    </u>
<input type="checkbox"/> Created a side-by-side comparison matrix for two (or more) plans by manually combining the information into a chart format. In addition, all required or relevant information is included (If applicable)	<u>    </u>
<input type="checkbox"/> Lists all the plans the SB is describing, substitutes the PDP’s legal entity’s name, or uses a Plan’s “family” name that applies to all PDP plans.	<u>    </u>
<input type="checkbox"/> Include when organizations or Sponsors offer plans with identical benefits in multiple regions, they may create a regional copay or premium table to accompany the SB that lists the copays/premiums for all regions covered. Along with the table, should be an instruction to members explaining how to find the copay and premium information that applies to them. The regional copay/premium table and SB is required to be submitted and reviewed by CMS with an attestation that the information populated in the table is identical to what is approved in the bid (if applicable).	<u>    </u>
<input type="checkbox"/> No spelling errors	<u>N/A</u>

Based on my best knowledge, information, and belief, all information submitted to CMS in these documents is accurate, complete, and truthful. Our organization has performed a second quality review of the materials before submitting them to CMS for review and approval.

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(Name & Title of preparer of materials/ Date)

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(Name & Title of second Quality Reviewer/Date)

On behalf of

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(NAME OF ORGANIZATION)