

		Platinum Coinsurance Plan		inum ance Plan	Platinum Plan Copay Plan		latinum Gold pay Plan Coinsurance Plan		Gold Silver Plan		r 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 Medical Event			Member Cost Share	Deductible	Member Cost Share	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	Member	Deductible	administrative or operational barriers)
Medical Event	Service Type Primary care visit to treat an injury, illness,	or condition	Cost Share	Appnes	Cost Share	Applies	Cost Share	Apples	Cost Share	Appres	Cost Share	Applies	Cost Share	Appres	Cost Share	Apples	Cost Share	Applies	Cost Share	Applies	Cost Share	Apples	Cost Share	Appnes	Cost Share	Applies	
Health care	Routine Foot Care Other practitioner office visit																										
provider's office	Acupuncture																										
or clinic visit	Diabetes Education																										
	Specialist visit Allergy Testing																										
	Preventive care/ screening/ immunization																										
Tests	Laboratory Tests X-rays and Diagnostic Imaging																										
	Imaging (CT/PET scans, MRIs)																										
Drugs to treat	Tier 1 Tier 2																										
	Tier 3																										
	Tier 4																										
	Surgery facility fee (e.g., Abortion for Which Public Funding is (non MSP) Bariatric Surgery	s Prohibited																									
Outpatient	Physician/surgeon fees																										
services	Outpatient visit																										
	Dialysis Radiation																										
	Chemotherapy																										
	Infusion Therapy Emergency room combined facility and physici (waived if admitted)																										
	Emergency room combined facility and physici (waived if admitted)	ian fee																									
Need immediate	Emergency medical transportation																										
attention	Urgent care																										
	Facility fee (e.g. hospital room)																										
Hospital stay	Transplant																										
nospital stay	Reconstructive Surgery Treatment for TMJ																										
	Physician/surgeon fee																										
	Mental/Behavioral health outpatient office visits	5																									
	Mental/Behavioral health other outpatient items services																										
Mental health, behavioral	Mental/Behavioral health inpatient facility fee (room)	e.g. hospital																									
health, or	Mental/Behavioral health inpatient physician/si	urgeon fee																									
substance abuse needs	Substance Use disorder outpatient office visits																										
	Substance Use disorder other outpatient items																										
	services																										
	Substance Use inpatient facility fee (e.g. hospi																										
	Substance use disorder inpatient physician/su	rgeon fee																									
	Prenatal care and preconception visits																										
Pregnancy	Delivery and all inpatient Hospital services																										
	Professional																										
	Well Baby Visits Home health care																										
	Outpatient Rehabilitation services																										
	Rehabilitative Speech Therapy Rehabilitative Occupational Therapy																										
Help recovering	Rehabilitative Occupational Therapy Rehabilitative Physical Therapy																										
or other special health needs	Outpatient Habilitation services																										
	Skilled nursing care Durable medical equipment																										
	Prosthetic Device																										
	Hospice service Eye exam																										
	1 pair of glasses per year (or contact lenses in lie	u of glasses)																									
	Oral Exam	ymaana)																									
Child Dental	Preventive - Cleaning																										
Diagnostic and Preventive	Preventive - X-ray Sealants per Tooth																										
	Topical Fluoride Application Space Maintainers - Fixed																										
Child Dental Basic Services	Amalgam Fill - 1 Surface																										
	Root Canal- Molar																										
Child Dental	Gingivectomy per Quad Extraction- Single Tooth Exposed Root or Erup	nted																									
Major Services		Neu .																									
Child	Porcelain with Metal Crown																										
Child Orthodontics	Medically necessary orthodontics																										



California Health Benefit Exchange QHP Certification Application for Plan Year 2019 Attachment C1 Current & Projected Enrollment

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

- 1 Effectuated Enrollment as of April 1, 2018. Effectuated means enrollee made binder payment. Applicants not currently contracted should leave 2018 effectuated columns blank.
- 2 2019 Enrollment Projections. These should reflect anticipated enrollment for the Plan Year 2019. Data submitted must be consistent with all SERFF templates and any other application submissions.

		HN	ЛО	PF	20	E	20	HSP			
Rating Region	County	2018	2019	2018	2019	2018	2019	2018	2019		
		Effectuated	Enrollment	Effectuated	Enrollment	Effectuated	Enrollment	Effectuated	Enrollment		
Region 1	Alpine										
Region 1	Del Norte										
Region 1	Siskiyou										
Region 1	Modoc										
Region 1	Lassen										
Region 1	Shasta										
Region 1	Trinity Humboldt										
Region 1 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 Placer										
Region 3 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 Region 11	Kings 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 2019 Attachment C2 California Off Exchange Enrollment

Please provide effectuated enrollment as of April 1, 2018 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		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 Region 1	Glenn 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 Region 9	Monterey											
Region 10	San Benito San Joaquin											
Region 10	Stanislaus											
Region 10	Merced											
Region 10	Mariposa											
Region 10	Tulare					1						
Region 11	Fresno					1						
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					ļ						
Region 15	Los Angeles											
Region 16	Los Angeles											
Region 17	San Bernardino											
Region 17	Riverside					-						
Region 18	Orange					1						
Region 19	San Diego											
Statew	ide Total	-	•	-	-	-	-	-	-			

California Health Benefit Exchange QHP Certification Application for Plan Year 2019 Attachment D2 Media Plan Flowchart

	APPLICANT NAME																									
		OE5 2018-2019 Media Plan																								
			2018 Q4															2019 Q1								
Media Plan	Costs (rounded)	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

California Health Benefit Exchange QHP Certification Application for Plan Year 2019 Attachment D2 Media Plan Flowchart

	SAMPLE - COMPANY NAME																									
			OE5 2018-2019 Media Plan																							
			2018 Q4																2019 Q1							
Media Plan	Costs (rounded)	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

						APPLICANT NAM									
	OE5 Estimated Media Spend by Designated Market Area														
Media/Market	Los Angeles DMA	Sacramento - Stockton Modesto DMA	San Francisco-Oakland San Jose DMA	San Diego DMA	Santa Barbara-Santa Maria-San Luis Obispo DMA	Palm Springs DMA	Fresno -Visalia DMA	Eureka DMA	Monterey DMA	Bakersfield DMA	Chico-Redding DMA	El Centro DMA	Total		
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													\$ -		
Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		