

Affordable Care Act - 2016 ACA Compliance Checklist Submission Worksheet

Attach this worksheet to the Compliance Checklist and Certification.

Provide the following information (all entries must be populated):

- Company name: _____
- NAIC number: _____
- SERFF Tracking Number(s): _____
- Type of Insurance (TOI): _____
- Product Category:
 - Individual
 - Grandfathered Individual
 - Transitional Individual
 - Group
 - Grandfathered Group
 - Transitional Group
- Form Number(s) of Policy Being Submitted/Endorsed: _____
- Exchange intentions: ___FFM ___FFM and Off Exchange ___ Off Exchange Only
- Identify the metal level(s) of coverage: ___ Platinum ___ Gold ___ Silver ___ Bronze N/A, dental
- Binder number: _____
- PA DOH Network/Network Adequacy approval date(s) (list all that apply to this filing):

- Date of Accreditation: _____

Ensure the following items have been provided:

- The completed Compliance Checklist and Certification is attached in the Form Schedule tab.
- A complete copy of the previously approved forms is provided as supporting documentation when the filing is a revision to a previously approved filing.
- A copy of all forms for group filings attached as supporting documentation.
- A grid or matrix that clearly demonstrates the similarities/differences in the metal levels between plan designs. Provide this information in same chronological order as in the Schedule of Benefits.

- An Outline of Coverage provided as a Form Schedule Item for Individual PPO, Dental and Vision filings. Provide this for Group filings as supporting documentation.

- Bookmark the provision(s) in the forms that satisfies the requirements – OR – identify the page/paragraph where the provision appears in the form by providing notation in the Compliance Checklist and Certification.