

PPACA Uniform Compliance Summary

Please select the appropriate check box below to indicate which product is amended by this filing.

- INDIVIDUAL HEALTH BENEFIT PLANS** (Complete [SECTION A](#) only)
 SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete [SECTION B](#) only)

This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as “major medical” in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. *(If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.)*

***For all filings, include the Type of Insurance (TOI) in the first column.**

Check box if this is a paper filing.

COMPANY INFORMATION

Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact
				<input type="checkbox"/> Yes <input type="checkbox"/> No

PPACA Uniform Compliance Summary

SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Eliminate Pre-existing Condition Exclusions for Non-Grandfathered Enrollees Under Age 19 –A plan may not impose any exclusion of benefits (including a denial of coverage) or limit coverage based upon a preexisting condition, for an individual under age 19.</p>	<p><i>[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	Explanation:			
	Page Number:			
	<p>Eliminate Annual Dollar Limits on Essential Benefits – A plan may not impose annual dollar limits on essential benefits, except for policy years beginning prior to January 1, 2014.</p> <p>Annual limits on essential benefits may be limited to: \$750,000 for plan years beginning 9/23/2010-9/23/2011 \$1.25 million for plan years beginning 9/23/2011-9/23/2012 \$2 million for plan years beginning 9/23/2012-12/31/2013</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	N/A	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
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	Page Number:			

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SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Eliminate Lifetime Dollar Limits on Essential Benefits</p> <p>Lifetime limits on essential benefits are prohibited.</p> <p>The essential health benefits cover the following general categories of services:</p> <ul style="list-style-type: none"> • Ambulatory patient services • Emergency services • Hospitalization • Maternity and newborn care • Mental health and substance abuse disorder services, including behavioral health treatment • Prescription drugs • Rehabilitative and habilitative services and devices • Laboratory services • Preventive and wellness services and chronic disease management • Pediatric services, including oral and vision care 	<p><i>[Section 2711 of the PHSAct/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation:			
	Page Number:			

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SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Rescissions – Coverage may be rescinded only for fraud or intentional misrepresentation of material fact as prohibited by the terms of the coverage. A plan must provide at least 30 days advance written notice to each participant who would be affected prior to rescinding coverage.</p> <p>Rescissions are defined as any retroactive cancellations of coverage, except for those attributable to failure to pay premiums or contributions. These requirements do not apply to prospective cancellations.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2712 of the PHSA/Section 1001 of PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Preventive Services – For non-grandfathered plans, requires coverage and prohibits the imposition of cost-sharing for specified preventative services.</p> <p>Non-grandfathered plans must provide coverage without cost-sharing for:</p> <ul style="list-style-type: none"> • Services recommended by the US Preventive Services Task Force • Immunizations recommended by the Advisory Committee on Immunization Practices of the CDC • Preventive care and screenings for infants, children and adolescents supported by the Health Resources and Services Administration • Preventive care and screenings for women supported by the Health Resources and Services Administration <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2713 of the PHSA/Section 1001 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>

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SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Coverage for Dependent Children Until Age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26.</p> <p>Plans that provide dependent coverage must extend coverage to adult children up to age 26. Plans are not required to cover children of adult dependents.</p>	<p><i>[Section 2714 of the PHSA/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation:			
	Page Number:			
	<p>Appeals Process – Requires non-grandfathered plans to adopt specific changes to internal claims appeal process and external review process currently required under Oregon law.</p>	<p><i>[Section 2719 of the PHSA/Section 1001 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
	Explanation:			
	Page Number:			
	<p>Emergency Services – Requires non-grandfathered plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.</p>	<p><i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i></p>	<p>N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain.</p>
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SECTION A – Individual Health Benefit Plans				
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	Access to Pediatricians – Requires a non-grandfathered plan that mandates designation of a primary care physician to allow the policyholder to designate any willing in-network pediatrician as a child’s primary care physician.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
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	Access to OB/GYNs – If obstetrical or gynecological care is provided, a non-grandfathered plan may not impose authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology. Requires services provided by such a specialist to be treated as if provided by a primary care provider.	<i>[Section 2719A of the PHSA/Section 10101 of the PPACA]</i>	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.
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	<p>Plan Materials- Plan Materials provided to a participant or beneficiary of a grandfathered plan describing the benefits must include a statement indicating:</p> <ul style="list-style-type: none"> • the insurer believes the plan is a grandfathered plan under PPACA. • grandfathered plans preserve certain basic health coverage that was already in effect. • a grandfathered health plan may not include certain consumer protections. • the grandfathered plan complies with PPACA consumer protections. • customer service contact information. 		<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	N/A
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	<p>ERISA Plans include verbiage:</p> <ul style="list-style-type: none"> • You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. • For individual market policies and non federal governmental plans insert: <ul style="list-style-type: none"> • You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov. 		<input type="checkbox"/> Yes <input type="checkbox"/> No If no , please explain.	N/A
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SECTION B – Group Health Benefit Plans (Small and Large)

TOI	Category	Statute Section	Grandfathered	Non-Grandfathered
	<p>Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19 – A plan may not impose any preexisting condition exclusions. Plans may not impose any exclusion of benefits (including a denial of coverage) limit coverage based upon a preexisting condition, for an individual under age 19.</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Sections 2704 of the PHSA/Section 1201 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>
	<p>Eliminate Annual Dollar Limits on Essential Benefits – A plan may not impose annual dollar limits on essential benefits, except for policy years beginning prior to January 1, 2014.</p> <p>Annual limits on essential benefits may be limited to: \$750,000 for plan years beginning 9/23/2010-9/23/2011 \$1.25 million for plan years beginning 9/23/2011-9/23/2012 \$2 million for plan years beginning 9/23/2012-12/31/2013</p> <p>Explanation:</p> <p>Page Number:</p>	<p><i>[Section 2711 of the PHSA/Section 1001 of the PPACA]</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain.</p>

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◇ For plan years beginning before January 1, 2010, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

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