



Indicate requests for deviations from the Patient-Centered Benefit Plan Designs by entering alternate cost sharing for the appropriate service type. Applicant must document rationale for each requested deviation, and rationale must include reference to regulatory compliance, administrative or operational barriers to implementing the Patient-Centered Benefit Plan Designs.

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



California Health Benefit Exchange
QHP Certification Application for Plan Year 2020
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, 2019. Effectuated means enrollee made binder payment. Applicants not currently contracted should leave 2019 effectuated columns blank.

2 - 2020 Enrollment Projections. These should reflect anticipated enrollment for the Plan Year 2020.

Data submitted must be consistent with all SERFF templates and any other application submissions.

Rating Region	County	HMO		PPO		EPO		HSP	
		2019 Effectuated Enrollment	2020 Enrollment Projection	2019 Effectuated Enrollment	2020 Enrollment Projection	2019 Effectuated Enrollment	2020 Enrollment Projection	2019 Effectuated Enrollment	2020 Enrollment Projection
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	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								
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	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	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								
Region 15	Los Angeles								
Region 16	Los Angeles								
Region 17	San Bernardino								
Region 17	Riverside								
Region 18	Orange								
Region 19	San Diego								
Statewide Total		-	-	-	-	-	-	-	-



California Health Benefit Exchange
QHP Certification Application for Plan Year 2020
Attachment C2 California Off Exchange Enrollment

Applicant must provide enrollment as of April 1, 2019 for each line of business.

Effectuated membership for employer based coverage should be reported based on member residence address as opposed to employer location. Effectuated means enrollee made binder

Data submitted must be consistent with all SERFF templates and any other application submissions.

Rating Region	County	Employer-Based			Individual 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	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								
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	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	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								
Region 15	Los Angeles								
Region 16	Los Angeles								
Region 17	San Bernardino								
Region 17	Riverside								
Region 18	Orange								
Region 19	San Diego								
Statewide Total		-	-	-	-	-	-	-	-