From: <u>DMHC Licensing eFiling</u>

Subject: APL 20-004 (OPL) - Federal SBC Template Filing

**Date:** Friday, February 7, 2020 7:34:00 AM

Attachments: APL 20-004 (OPL) - Federal SBC Template Filing (2.7.2020).pdf

Dear Health Plan Representative,

Please find the attached All Plan Letter regarding a template Federal Summary of

Benefits and Coverage (SBC) filing.

Thank you.



Gavin Newsom, Governor State of California Health and Human Services Agency DEPARTMENT OF MANAGED HEALTH CARE 980 9th Street, Suite 500 Sacramento, CA 95814

Phone: 916-324-8176 | Fax: 916-255-5241 www.HealthHelp.ca.gov

## ALL PLAN LETTER

**DATE:** February 7, 2020

TO: All Full Service Plans

FROM: Nancy Wong

Acting Deputy Director Office of Plan Licensing

SUBJECT: APL 20-004 (OPL) - Federal SBC Template Filing

Under the Affordable Care Act and the Knox-Keene Act, health plans must provide a Summary of Benefits and Coverage (SBC) to enrollees. The SBC must adhere to a new federal template, which can be found at CMS Resources, SBC Template.

Impacted Plans: All full service health plan commercial contracts offered in the Individual and Group markets. The following lines of business are not subject to SBC requirements: Medicare Advantage, Medicare Supplement, and Medi-Cal. Specialized health plans are not subject to SBC requirements.

<u>Effective Dates:</u> Health plans that market and offer contracts in the Individual and Group markets must use the new SBC template in connection with Individual and Group contracts issued, amended, or renewed for plan or policy years that begin on or after **January 1, 2021**.

<u>Filing Instructions:</u> By **March 2, 2020,** prepare and submit an Amendment filing via the e-Filing portal to demonstrate compliance with the new SBC template. When submitting your filing, please use the subject title "2021 Federal SBC Template." In addition to an Exhibit E-1, please submit the following documents as outlined below.

For health plans offering coverage in the individual market submit, as an Exhibit S-3, one SBC populated for use in connection with the California Health Benefit Exchange's Individual Silver 70 plan. Submit one Individual Silver 70 SBC for each product type offered by the plan in the individual market (e.g. HMO, PPO, EPO, POS). The Department will review the Individual Silver 70 SBCs as representative samples of all benefit designs the plan offers in the individual market. These samples will also serve as representative samples of all benefit designs offered in the group market (if the plan also offers group products).

Health plans that do not offer coverage in the individual market should submit, as an Exhibit S-3, one SBC populated for use in connection with the California Health Benefit

Exchange's CCSB Silver 70 plan for small group. Submit one CCSB Silver 70 SBC for **each product type** offered by the plan in the small group market (e.g. HMO, PPO, EPO, POS). The Department will review the CCSB Silver 70 SBCs as representative samples of all benefit designs the plan offers in the small and large group market (if large group products are offered).

Health plans that do not offer coverage in the individual or small group markets should submit, as an Exhibit S-3, one SBC populated for use in connection with the plan's large group benefit design that had the highest enrollment in 2019. Submit one such large group SBC for each product type (e.g. HMO, PPO, EPO, POS) offered by the plan in the large group market. The Department will review the large group SBCs as representative samples of all benefit designs offered by the health plan in the large group market.

Mexican Health Plans should submit, as an Exhibit S-3, one SBC populated for use in connection with the plan's large group benefit design that had the highest enrollment in 2019. The Department will review the large group SBC as a representative sample of all benefit designs offered by that health plan in the small and large group market.

Please note, the Department will review the representative SBCs for template format only. The closure of the Amendment will not constitute approval of any new or revised benefit designs including, but not limited to, coverage, cost share, limitations, or exclusions expressed within the SBCs. The closure of the Amendment will not constitute approval of any new product types, lines of business, or license expansions. The Department reserves the right to request additional revisions or filings of SBCs tied to product offerings at a future date and on a case-by-case basis when determined necessary.

For questions concerning this APL, please contact your plan's assigned Licensing Counsel.