

QHP DMHC FILING WORKSHEET

INSTRUCTIONS

- Complete and file both a narrative description (see Checklist) and attached QHP DMHC Filing Worksheet(s) as Exhibit E-1.
- Ensure that the description corresponds to the plan summary provided in the QHP DMHC Filing Worksheet. Please indicate what plan compliance changes are attached. Plans submitting multiple Worksheets (e.g., by region or market segment) should further subdivide the Exhibit E-1 narrative to correspond with the compliance details for each Worksheet submitted.
- Plans with multiple small group, individual, and region QHPs should complete separate Worksheets for each market segment and region as necessary to record the DMHC filing status of each QHP proposed. For example, a plan that proposes individual and small group contracts, and variations by region, product type, market segment, or benefit design, might organize its Worksheets as follows:
 - Worksheet #1 of 4: Individual plan contracts for Regions 1, 2 and 3. On this Worksheet, the plan might indicate what license amendments/material modifications are proposed in the attached exhibits, and indicate which QHP certification elements apply from those listed in the “Category” column. Where no change is proposed in a Category, plan should affirmatively answer “no change from prior approval.”
 - Worksheet #2 of 4: Small Group contracts for Region 4. On this Worksheet, the plan might indicate what license amendments/material modifications are proposed in the attached exhibits, indicate which QHP certification elements apply from those listed in the “Category” column, and whether any components of the change(s) were previously approved, noting previous eFiling number(s).
 - Worksheet #3 of 4: Individual PPO plan contracts in Regions 5 - 15. On this Worksheet, the plan might indicate changes in the Network Category, no changes to any other category except Benefit Design where plan indicates that it is “Pending with plan, to be addressed in future filing on or about June 2026.”
 - Worksheet #4 of 4: Individual HMO plan contracts in Regions 5 - 15. On this Worksheet, the plan might indicate changes in the Network Category, no changes to any other category except Benefit Design (open filing) where plan indicates that it is “Pending with plan, response to be filed on or about June 2026.”
- If the plan has the same revisions for multiple documents under the same exhibit, it may file a sample template by listing the exhibit name on the Worksheet and in the Exhibit E-1 narrative description, include a representation that it has filed a sample, and that the same revisions shall be made to all other applicable plan documents per market segments and product types.

PLAN INFORMATION FOR WORKSHEET # ____ OF ____

[Specify this Worksheet number out of total number of Worksheets submitted in this filing]

| Type | Region(s) | Provider Networks | Benefit Design | Market Reforms | Fiscal Solvency | License Status (Check all that apply) |
|---|------------------------------------|---|--|--|---|--|
| <input type="checkbox"/> Small Group <input type="checkbox"/> Individual | <input type="checkbox"/> Region(s) | <input type="checkbox"/> New License Application <input type="checkbox"/> Service Area Expansion <input type="checkbox"/> Service Area Withdrawal <input type="checkbox"/> Network Change Amendment <input type="checkbox"/> No Changes to Network <input type="checkbox"/> New Network, Existing Service Area | <input type="checkbox"/> Standard Benefit Design <input type="checkbox"/> Alternate Benefit Design <input type="checkbox"/> Metal Level/Actuarial Value <input type="checkbox"/> Essential Health Benefits <input type="checkbox"/> Plan-to-Plan Contracts <input type="checkbox"/> Evidence of Coverage (EOC) <input type="checkbox"/> Summary of Benefits and Coverage (Federal SBC) <input type="checkbox"/> Narrow Network (Plan Documents) | <input type="checkbox"/> Guarantee Issue <input type="checkbox"/> Rating Factors <input type="checkbox"/> Segregation of Funds for Abortion (QHP Individual Market Only) | <input type="checkbox"/> Enrollment Projections <input type="checkbox"/> Tangible Net Equity <input type="checkbox"/> Projected Financial Viability | <input type="checkbox"/> No Change from Prior Approval (provide filing no. below) <input type="checkbox"/> Open Filing (provide filing no. below) <input type="checkbox"/> Anticipated Filing Date (provide date below) Filing No/Date: |