

From: [DMHC Licensing eFiling](#)  
Subject: APL 17-001 Federal Summary of Benefits and Coverage Template Filing  
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Under the Affordable Care Act and the Knox-Keene Act, health plans must provide a Summary of Benefits and Coverage (SBC). The SBC must adhere to a new federal template, which can be found here:

<https://www.cms.gov/ccio/Resources/Forms-Reports-and-Other-Resources/index.html#Summary>

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.

Effective Dates: Health plans that market and offer group coverage must use the new SBC template in connection with group contracts issued, amended, or renewed, on/after **April 1, 2017**; health plans that market and offer individual coverage must use the new SBC template in connection with individual contracts issued, amended, or renewed, on/after **January 1, 2018**.

Filing Instruction: Prepare and submit an Amendment filing via eFiling to demonstrate compliance with the new SBC template by **March 1, 2017**. When submitting your filing, please use the subject title "Federal SBC Template". In addition to Exhibit E-1, please submit as outlined below.

For health plans offering coverage in the individual market, submit as Exhibit S-3 one SBC that has been 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 DMHC will review the Individual Silver 70 SBCs as representative samples of all benefit designs the plan offers in the individual market and will also serve as representative samples for all benefits designs offered in the group market (if the plan offers group products).

For health plans that do not offer coverage in the individual market, submit as Exhibit S-3 one SBC that has been 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 DMHC 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).

For health plans that do not offer coverage in the individual or small group markets, submit as Exhibit S-3 one SBC that has been populated for use in connection with the plan's large group benefit design that had the highest enrollment in 2016. 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 DMHC will review the large group SBCs as representative samples of all benefit designs offered by that health plan in the large group market.

For Mexican health plans, submit as Exhibit S-3 one SBC that has been populated for use in connection with the plan's large group benefit design that had the highest enrollment in 2016. The DMHC 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 DMHC will review the representative SBC's 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 in the form. 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 filing of SBC's tied to product offerings at a future date and on a case-by-case basis.*

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