Guidance	Further Explanation

Summary of Benefits and Coverage (SBC)

	Guidance	Further Explanation
☐	Cost sharing amounts must be displayed from the perspective of the insured.	Ex: For a 70/30 plan the SBC should reflect the applicable members 30% coinsurance responsibility in the given columns, not the company's 70%
☐	If there is no cost to the insured, reflect the term "No Charge".	"Zero", $0 & 0% cannot be represented in lieu of the term
☐	SBC URL may link to a sample policy document	Company can provide a toll free phone number in lieu of the URL
☐	Any additional or reoccurring deductible(s) must be bolded in the SBC	
☐	SBC's should be filed in groups based on metal tier	For example file all Silver plans together in one item; this includes zip files
☐	Ensure all template text in the SBC is replaced accordingly.	
☐	PPO- If carrier offers provision or service in-network, it must also be offered out-of-network	
☐	If dental/vision is not embedded in the medical policy do not state in the SBC that such service is "Covered"	
☐	Ensure the correct deductibles/Out-of-Pocket Maximums are displayed	

Policy & Certificate (Handbook)

	Guidance	Further Explanation
☐	Include the required Dental disclosure	"This policy does not include pediatric dental services as required under the federal Patient Protection and Affordable Care Act. This coverage is available in the insurance market and can be purchased as a stand-alone product. Please contact your insurance carrier, agent or the New Mexico Health Insurance Exchange if you wish to purchase pediatric dental coverage or a stand-alone dental insurance product."
☐	Display correct Eligibility information	Example: If over 65 and not eligible for Medicare, individual is eligible for Exchange
☐	Update Service area to include live OR work	CFR 45 155.305 eligibility requirements
☐	Consistency in terms	Throughout policy use one term (i.e Primary Care Provider OR Primary Care Physician)
☐	Term definitions should be clearly stated	Referencing one definition to another is not acceptable (e.g Provider-See "*Doctor*")
☐	Definitions should reflect what is defined in NMAC 13.10	(e.g term "Medical Necessity/Medically Necessary")
☐	Remove any definitions of terms that are not utilized in the body of the policy	(i.e Do not define "Church plan" if term is not in the policy)
☐	Update all Office of the Superintendent of Insurance (OSI) info	Display the correct toll free #, mailing address, website, etc.
☐	Please inform OSI in cover letter (general information tab) if certain policies have unique characteristics	(i.e "Healthy Living" plans are only available in Las Cruces, "Great Health" plans network is located in the Albuquerque area, etc.)

Off-Exchange Mirrored Plans

☐	Off exchange policies must remove all references to the Exchange	
☐	Off exchange policy documents need different form numbers	Required to differentiate them from On Exchange filing(s)

Miscellaneous

☐	Form numbers are required on all documents	
☐	Any non English text must be accompanied by a certificate of translation	Submit this certification in the Supporting Documentation tab
☐	If the information in the form(s) is variable, please bracket such and provide a Statement of Variability (SOV)	Submit SOV in the Supporting Documentation tab providing the text or values that will substitute