

Summary of Benefits and Coverage (SBC)

<input type="checkbox"/>	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%
<input type="checkbox"/>	If there is no cost to the insured, reflect the term "No Charge"	"Zero", \$0, & 0% cannot be represented in lieu of the term
<input type="checkbox"/>	SBC URL must link to the actual corresponding policy document	Company can provide a toll free phone number in lieu of the URL
<input type="checkbox"/>	Any additional or reoccurring deductible(s) must be bolded in the SBC	
<input type="checkbox"/>	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
<input type="checkbox"/>	Please ensure all template text in the SBC is replaced accordingly	
<input type="checkbox"/>	PPO- If carrier offers provision or service in-network, it must also be offered out-of-network	
<input type="checkbox"/>	If dental/vision is not embedded in the medical policy indicate such	Stating coverage is "Covered" is not acceptable
<input type="checkbox"/>	Ensure the correct deductibles/Out-of-Pocket Maximums are displayed	

Policy

<input type="checkbox"/>	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."
<input type="checkbox"/>	Display correct Eligibility information	Being over age 65 does not necessarily make an individual ineligible for exchange coverage
<input type="checkbox"/>	Update Service area to include live OR work	CFR 45 155.305 eligibility requirements
<input type="checkbox"/>	Consistency in terms	Throughout policy use one term (i.e Primary Care Provider OR Primary Care Physician)
<input type="checkbox"/>	Term definitions should be clearly stated	Referencing one definition to another is not acceptable (e.g Provider-See " <i>Doctor</i> ")
<input type="checkbox"/>	Definitions should reflect what is defined in NMAC 13.10	(e.g term "Medical Necessity/Medically Necessary")
<input type="checkbox"/>	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)

Catastrophic Policy

<input type="checkbox"/>	Submit Catastrophic policy as its own policy with unique form number	Do not bracket Catastrophic specific eligibility requirements only
<input type="checkbox"/>	Ensure correct eligibility requirements are displayed	

Off-Exchange Mirrored Plans

<input type="checkbox"/>	Off exchange policies must remove all references to the Exchange	
<input type="checkbox"/>	Off exchange policy documents need different form numbers	Required to differentiate them from On Exchange filing(s)

Miscellaneous

<input type="checkbox"/>	Form numbers are required on all documents	
<input type="checkbox"/>	Any non English text must be accompanied by a certificate of translation	Submit this certification in the Supporting Documentation tab
<input type="checkbox"/>	If the information in the form(s) is variable, please bracket such and provide a Statement of Variability (SOV)	Submit SOV under the Supporting Documentation tab, SOV should provide the text or values that will substitute
<input type="checkbox"/>	Update all Office of the Superintendent of Insurance (OSI) info	Display the correct toll free #, mailing address, website, etc.
<input type="checkbox"/>	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.)