

STUDENT HEALTH CHECKLIST

Filing Company:	
Form Filing SERFF Tracking Number:	
Corresponding Rate Filing Tracking Number:	

Please confirm, by checking the appropriate box, the compliance status of the referenced form(s) with each specified ACA requirement.

Statutory Requirement	ACA/PHSA Section	Location of Provision in the Form	Certification of Compliance
Market Reforms			
Elimination of Annual Limits	ACA §1001/PHSA §2711		<input type="checkbox"/> Yes <input type="checkbox"/> No
Elimination of Lifetime Limits	ACA §1001/PHSA §2711		<input type="checkbox"/> Yes <input type="checkbox"/> No
Prohibition of Rescission	ACA §1001/PHSA §2712		<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventive Health Services	ACA §1001/PHSA §2713		<input type="checkbox"/> Yes <input type="checkbox"/> No
Extension of Dependent Coverage	ACA §1001/PHSA §2714		<input type="checkbox"/> Yes <input type="checkbox"/> No
Uniform Explanations of Coverage and Standardized Definitions	ACA §1001/PHSA §2715		<input type="checkbox"/> Yes <input type="checkbox"/> No
Appeals Process	ACA §1001/PHSA §2719		<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient Protections	ACA §1001/PHSA §2719A		<input type="checkbox"/> Yes

Statutory Requirement	ACA/PHSA Section	Location of Provision in the Form	Certification of Compliance
			<input type="checkbox"/> No
Prohibition of Pre-Existing Condition Exclusions	ACA §1201/PHSA §2704		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Discrimination in Health Care	ACA §1201/PHSA §2706		<input type="checkbox"/> Yes <input type="checkbox"/> No
Comprehensive Coverage	ACA §1201/PHSA §2707		<input type="checkbox"/> Yes <input type="checkbox"/> No
Coverage for Participating in Approved Clinical Trials	ACA §1201/PHSA §2709		<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Health Benefits Package	ACA §1302		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package – Pediatric	ACA §1302		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package - Habilitative Services	ACA §1302		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package - Prescription Drug Coverage	ACA §1302		<input type="checkbox"/> Yes <input type="checkbox"/> No

Statutory Requirement	ACA/PHSA Section	Location of Provision in the Form	Certification of Compliance
Requirements Related to Cost-Sharing	ACA §1302		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Parity	ACA §1563/PHSA §2726		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements for the Group and Individual Health Insurance Markets	45 C.F.R. Subtitle A Subchapter B Part 147		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements for the Individual Health Insurance Market	45 C.F.R. Subtitle A Subchapter B Part 148		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Reform Regulatory Requirements – Essential Health Benefits	45 C.F.R. Subtitle A Subchapter B Part 156 Subpart B		<input type="checkbox"/> Yes <input type="checkbox"/> No

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PENNSYLVANIA - STATE REQUIRED BENEFITS

Statutory Requirement	PA Statute/Regulation Section	Location of Provision in the Form	Certification of Compliance
Maternity Care	40 P.S. §§1581-1584		<input type="checkbox"/> Yes <input type="checkbox"/> No
Childhood immunization	40 P.S. §§3501-3508		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mammography screening (3D mammogram covered at no cost per announcement of 10/5/2015)	40 P.S. §764c		<input type="checkbox"/> Yes <input type="checkbox"/> No
Gynecological examination and routine pap smears	40 P.S. §§1571-1577		<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Anesthesia for Children and Developmentally Disabled	40 P.S. §§3510.1 – 3510.5		<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Reimbursement	40 P.S. §§3041-3042		<input type="checkbox"/> Yes <input type="checkbox"/> No
Inclusion of Child Medical Support	23 Pa. C.S.A. §4326		<input type="checkbox"/> Yes <input type="checkbox"/> No
Reconstructive Surgery	40 P.S. §764d		<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes Care Management	40 P.S. §764e		<input type="checkbox"/> Yes <input type="checkbox"/> No

Statutory Requirement	PA Statute/Regulation Section	Location of Provision in the Form	Certification of Compliance
Chemotherapy/ Cancer Hormone Treatment	40 P.S. § 764b		<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Foods	40 P.S. §3901 - 3909		<input type="checkbox"/> Yes <input type="checkbox"/> No
Newborn Children	40 P.S. § 771-774		<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically Handicapped or Mentally Retarded Dependent	40 P.S. § 752 (A)(9)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Coverage for Soldiers Returning from Deployment Who are Full-time Students	51 Pa. C.S. § 7309(d)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Parity and Addiction Equity	40 P.S. §§908-11 – 908-16		<input type="checkbox"/> Yes <input type="checkbox"/> No
Genetic Information Nondiscrimination	40 P.S. §§908-11 – 908-16		<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Insurance Coverage for Dependent Students on Medically Necessary Leave of Absence	40 P.S. §§908-11 – 908-16		<input type="checkbox"/> Yes <input type="checkbox"/> No