

ACA COMPLIANCE CHECKLIST - MAJOR MEDICAL

Filing Company: _____ SERFF Tr. No. _____

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

| A. MARKET REFORMS | | | | |
|--------------------------------|----------------------|---|-----------------------------------|---|
| Statutory Requirement | ACA/PHSA Section | Product Applicability | Location of Provision in the Form | Certification of Compliance |
| Elimination of Annual Limits | ACA §1001/PHSA §2711 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Transitional | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Elimination of Lifetime Limits | ACA §1001/PHSA §2711 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibition on Rescissions | ACA §1001/PHSA §2712 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Preventive Health Services | ACA §1001/PHSA §2713 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Extension of Dependent Coverage | ACA §1001/PHSA §2714 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Uniform Explanations of Coverage and Standardized Definitions | ACA §1001/PHSA §2715 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibition on Discrimination in Favor of Highly Compensated Individuals | ACA §1001/PHSA §2716 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Appeals Process | ACA §1001/PHSA §2719 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Patient Protections | ACA §1001/PHSA §2719A | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibition of Pre-Existing Condition Exclusions | ACA §1201/PHSA §2704 | <input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| Fair Premiums (limited rating factors) | ACA §1201/PHSA §2701 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guaranteed Availability | ACA §1201/PHSA §2702 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guaranteed Renewability | ACA §1201/PHSA §2703 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibition on Discrimination Based on Health Status | ACA §1201/PHSA §2705 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Non-Discrimination in Health Care | ACA §1201/PHSA §2706 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Comprehensive Coverage | ACA §1201/PHSA §2707 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prohibition on Excessive Waiting Periods | ACA §1201/PHSA §2708 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage for Participating in Approved Clinical Trials | ACA §1201/PHSA §2709 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|--------------|---|---|
| Essential Health Benefits Package | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EHB Package – Pediatric | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EHB Package - Habilitative Services | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| EHB Package - Prescription Drug Coverage | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Requirements Related to Cost-Sharing | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Actuarial Value/Metal Level | ACA §1302 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child-Only Plan | ACA §1302(f) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Rules Relating to Coverage of Abortion Services | ACA §1303 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|--|---|--|--|
| Mental Health Parity | ACA §1563/PHSA §2726 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Health Insurance Reform Regulatory Requirements for the Group Health Insurance Market | 45 C.F.R. Subtitle A Subchapter B Part 146 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <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"/> Group <input type="checkbox"/> Individual | | <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"/> Group <input type="checkbox"/> Individual | | <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 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Network Adequacy Requirements | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes, Approved on _____ <input type="checkbox"/> No, Review Pending, submitted on _____ |

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| B. QHP REQUIREMENTS | | | | |
|---|------------------|---|-----------------------------------|--|
| Statutory Requirement | ACA/PHSA Section | Product Applicability | Location of Provision in the Form | Certification of Compliance |
| Definition of Qualified Health Plan | ACA §1301 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Marketing Requirements | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Network Adequacy Requirements | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes, Approved on _____ <input type="checkbox"/> No, review Pending, submitted on _____ |
| Essential Community Providers Requirement | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Accreditation Requirement | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes - NCQA/URAC Date of Accreditation.: _____ <input type="checkbox"/> No |
| Quality Improvement Strategy | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|--|---|---|
| Uniform Enrollment Form | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Standard Format for Health Benefit Options | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Quality Measures for Performance Information | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pediatric Quality Reporting Measures | ACA §1311(c)(1) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health Parity | ACA §1311(j) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exchange Functions: Certification of Qualified Health Plan Regulations | 45 C.F.R. Subtitle A Subchapter B Part 155 Subpart K | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Exchange Health Insurance Issuers Standards Regulations | 45 C.F.R. Subtitle A Subchapter B Part 156 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| C. PENNSYLVANIA - STATE REQUIRED BENEFITS | | | | |
|---|-----------------------|---|-----------------------------------|---|
| Statutory Requirement | ACA/PHSA Section | Product Applicability | Location of Provision in the Form | Certification of Compliance |
| Alcohol/Substance Abuse Disorder Services | 40 P.S. §§908-1 908-8 | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Serious Mental Illness | 40 P.S. §764g | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Autism Services | 40 P.S. §764h | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Colorectal Screening | 40 P.S. §764i | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mini-COBRA | 40 P.S. §764j | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Adult Children | 40 P.S. §752.1 | <input type="checkbox"/> Group | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Maternity Care | 40 P.S. §§1581-1584 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|---------------------------|---|--|---|
| Childhood immunization | 40 P.S. §§3501-3508 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <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"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gynecological examination and routine pap smears | 40 P.S. §§1571-1577 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <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"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Reimbursement | 40 P.S. §§3041-3042 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inclusion of Child Medical Support | 23 Pa. C.S.A. §4326 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reconstructive Surgery | 40 P.S. §764d | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes Care Management | 40 P.S. §764e | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|---------------------------|---|---|
| Chemotherapy/Cancer Hormone Treatment | 40 P.S. §764b | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Foods | 40 P.S. §3901 - 3909 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Newborn Children | 40 P.S. §771-774 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Physically Handicapped or Mentally Retarded Dependent | 40 P.S. §752 (A)(9) | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <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"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mental Health Parity and Addiction Equity | 40 P.S. §§908-11 – 908-16 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Genetic Information Nondiscrimination | 40 P.S. §§908-11 – 908-16 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guaranteed Availability | 40 P.S. §§1302.1 et seq. | <input type="checkbox"/> Group <input type="checkbox"/> Individual | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|--|---------------------------|---|--|---|
| Health Insurance Coverage for Dependent Students on Medically Necessary Leave of Absence | 40 P.S. §§908-11 – 908-16 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Guaranteed Renewability | 40 P.S. §§1302.1 et seq. | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Coverage for Orally Administered Chemotherapy Medications | 40 P.S. §764b.1 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Emergency Services and Quality Eye Care for Insured Pennsylvanians | Act 103 of 2018 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medication Synchronization | Act 46 of 2019 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fair Access to Cancer Treatment | Act 6 of 2020 | <input type="checkbox"/> Group <input type="checkbox"/> Individual | | <input type="checkbox"/> Yes <input type="checkbox"/> No |