

Documents to be Submitted PY2021		Medical Health Benefits Plan QHP				SADPs			
Name/Identified As:	Obtain From:	Submit for SBE offer	Submit if outside SBE only	SERFF PM <sup>2</sup>	SERFF Other	Submit for SBE Offer	Submit if Outside SBE only	SERFF PM <sup>2</sup>	SERFF Other
NJ Benefit Summary Table	SERFF PM <sup>1</sup>	Yes	Yes	SD					
Administrative Information	CCIIO*	Yes	Yes	SD		Yes	Yes	SD	
Plan and Benefits Template	CCIIO*	Yes	Yes	T		Yes	Yes	T	
Network Template	CCIIO*	Yes	Yes	T		Yes	Yes	T	
Service Area Template	CCIIO*	Yes	Yes	T		Yes	Yes	T	
Essential Community Provider/Ntwrk Adequacy	CCIIO*	Yes		T		Yes	Yes	T	
Rate Tables/Data Template	CCIIO*	Yes	Yes	T		Yes	Yes	T	
Business Rules/Rating Business Rules	CCIIO*	Yes	Yes	T		Yes	Yes	T	
Prescription Drug Template	CCIIO*	Yes	Yes	T					
Plan Crosswalk Template	CCIIO*	Yes	Yes	SD		Yes		SD	
Cover Letter	SERFF PM <sup>1</sup>	Yes	Yes	SD		Yes	Yes	SD	
Attestations	CCIIO*	Yes	Yes	SD		Yes	Yes	SD	
Accreditation Certification	CCIIO; Carrier-generated	Yes	Yes	SD		Yes		SD	
Compliance Plan Cover Sheet Template	CCIIO*	Yes		SD		Yes	Yes	SD	
Compliance Plan	Carrier-generated	Yes		SD		Yes	Yes	SD	
Organizational Chart	CCIIO*	Yes	Yes	SD		Yes	Yes	SD	
ECP Supplemental Response Form	CCIIO*	Yes		SD		Yes	Yes	SD	
Discrimination: Cost-sharing Outlier Justification	CCIIO*	Yes	Yes	SD					
Unique Plan Design Justification	CCIIO*	Yes	Yes	SD					
Silver/Gold Justification	CCIIO*	Yes	Yes	SD					
Discrimination: Language flagged by HHS	CCIIO*	Yes		SD		Yes	Yes	Yes	
Combined Prescription Drug Justification	CCIIO*	Yes	Yes	SD					
Discrimination: Treatment Protocol Justification	CCIIO*	Yes	Yes	SD					
Transparency in Coverage data	CCIIO*	Yes		SD		Yes	Yes	SD	
Summary of Benefits & Coverages (SBCs)	CCIIO*	Yes	Yes	SD		Yes			
Issuer URL Template	CCIIO*	Yes	Yes	SD		Yes			
Description of EHB Allocation	CCIIO*					Yes	Yes	SD	
AV Supporting Documentation and Justification Form	CCIIO*					Yes	Yes	SD <sup>4</sup>	
Policy Form/Letter	Carrier-generated				3	Yes	Yes	AS	3

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Rate Filing	Carrier-generated	Yes	Yes	AS	3	Yes	Yes	AS	3
URRT	CCIIO*	Yes	Yes	AS	3				

\*<https://www.qhpcertification.cms.gov/s/QHP>

<sup>1</sup> SERFF PM refers to the Plan Management section of SERFF, used for submitting binder information. Instructions (including these) and certain attachments are included in the Instructions section of this domain.

<sup>2</sup> SERFF PM refers to the Plan Management section of SERFF, used for submitting binder information. Documents required to be submitted must be placed in specific tabs of the Plan Management domain, as indicated in the chart. The tabs are as follows: Associate Schedule (AS) tab; Supporting Documentation (SD) tab; Template (T) tab.

<sup>3</sup> Documents should be submitted through SERFF using the usual rate or form filing process; however, carriers must also associate the documents with the plan binder(s) to which the filing is relevant, using the Associate Schedule tab of the Plan Management domain.

<sup>4</sup> If the AV Supporting Documentation and Justification Form is submitted as part of the Rate Filing, it can be associated to the appropriate binder using the Associate Schedule tab of the Plan Management domain instead.