# FLORIDA OFFICE OF INSURANCE REGULATION

*Life and Health Product Review Unit*

The Florida Office of Insurance Regulation (Office) has developed the following worksheet to assist companies making PPACA (Patient Protection and Affordable Care Act)-compliant form filings. The Office encourages companies to download, complete, scan and upload this form as a part of the form filing submitted to the O682ffice via I-File. This will expedite the review process and increase speed to market. This worksheet will be updated on a continuing basis as additional federal guidance is issued. You are encouraged to use the most recently updated version. The worksheet may not contain all of the PPACA requirements The Office offers this worksheet as guidance only, and should not be considered a directive by the Office.

**Individual Health Outline of Coverage Worksheet**

**Florida provisions (Blue); PPACA provisions (Red)**

Legend: CFR=Code of Federal Regulations, Title 45, except where otherwise indicated;
PHSA=Public Health Service Act SBC=Summary of Benefits and Coverage

| Statute/Rule | Description | Yes | No | N/A | Page # |
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| PHSA 2715<br><br>CFR 147.200(a)(2)(i)(A)<br><br>CFR 147.200(c) | Health issuers must provide a summary of benefits and coverage (SBC) that accurately describes the benefits and coverage under the applicable plan or coverage and uniform glossary. [Note: PHSA provides that the standards "shall preempt any related State standards that require [an SBC] that provides less information to consumers than that required to be provided under this section…]."<br><br>Uniform definitions of standard insurance terms and medical terms so that consumers may compare health coverage and understand the terms of (or exceptions to) their coverage, in accordance with guidance as specified by the Secretary.<br><br>Issuer must make a uniform glossary available to applicants, policyholders, and covered dependents. | | | | |
| CFR 147.200(a)(3)<br><br>CFR 147.200(a)(3) | The SBC must be presented in a uniform format, use terminology understandable by the average plan enrollee (or, in the case of individual market coverage, the average individual covered under a health insurance policy), not exceed four double-sided pages in length, and not include print smaller than 12-point font. A health insurance issuer offering individual health insurance coverage must provide the SBC as a stand-alone document.<br><br>A group health plan or health insurance issuer must provide the SBC in a culturally and linguistically appropriate manner. | | | | |
| 69O-154.106<br>627.643 | Minimum standards for benefits. | | | | |
| 69O-154.107(1)<br>627.642 | A certification of delivery by the agent or an acknowledgment of receipt by the applicant either in the application or a separate form. | | | | |

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| 69O-154.107(2)(a)<br><br>CFR 147.200(a)(2)(i)(I) | Company name and principal address.<br><br>Contact information for questions and obtaining a copy of the plan document or the insurance policy, certificate, or contract of insurance (such as a telephone number for customer service and an Internet address for obtaining a copy of the plan document or the insurance policy, certificate, or contract of insurance); | | | | |
| 69O-154.107(2)(b)<br>627.642(2)(a) | An identification of the type of policy. | | | | |
| 69O-154.107(2)(c)<br>627.642(2)(b) and (c)<br><br>CFR 147.200(a)(2)(i)(B)<br><br>PHSA 2715<br>CFR 147.200(a)(2)(ii)<br><br>CFR 147.200(a)(2)(ii)(C) | Description of each of the principal benefits and coverages including the benefit amounts, duration or limits, elimination periods, waiting period, inner limits and any other items appropriate to the coverage provided.<br><br>A description of the coverage, including cost sharing, for each category of benefits identified by the Secretary in guidance.<br><br>Coverage examples. The SBC must contain a "coverage facts label." As implemented, issuers must include coverage examples specified by the Secretary in guidance that illustrate benefits provided under the plan or coverage for common benefits scenarios (including pregnancy and serious or chronic medical conditions).<br><br>Illustration of benefit provided. To illustrate benefits provided under the plan or coverage for a particular benefits scenario, a plan or issuer simulates claims processing in accordance with guidance issued by the Secretary to generate an estimate of what an individual might expect to pay under the plan, policy, or benefit package | | | | |
| 69O-154.107(2)(d)<br>627.642(2)(d)<br><br>CFR 147.200(a)(2)(i)(B) | Description of the terms and conditions of renewability, including any limitations by age, time or event, right to change premiums, status requirements and any other matter appropriate to the terms and conditions of renewability.<br><br>The renewability and continuation of coverage provisions | | | | |
| CFR 147.200(a)(2)(i)(D) | The cost-sharing provisions of the coverage, including deductible, coinsurance, and copayment obligations | | | | |
| 69O-154.107(2)(e)<br>627.642(2)(c)<br><br>CFR 147.200(a)(2)(i)(c) | Description of the principal exceptions, reductions and limitations including pre-existing conditions if any, and the circumstances under which any reduction provisions become operative.<br><br>The exceptions, reductions, and limitations of the coverage. | | | | |
| CFR 147.200(a)(2)(i)(J)<br><br>CFR 147.200(a)(2)(i)(K) | For plans and issuers that maintain one or more networks of providers, an Internet address (or similar contact information) for obtaining a list of network providers.<br><br>For plans and issuers that use a formulary in providing prescription drug coverage, an Internet address (or similar contact information) for obtaining information on prescription drug coverage. | | | | |

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| 69O-154.107(2)(e)<br><br>CFR 147.200(a)(2)(i)(H) | A statement that the Outline of Coverage is a summary of the policy issued or applied for and policy should be consulted to determine the governing contractual provisions.<br><br>A statement that the SBC is only a summary and that the plan document, policy, certificate, or contract of insurance should be consulted to determine the governing contractual provisions of the coverage | | | | |
| 627.674(4)(g)4. | A statement on the face page of the Outline of Coverage "This Policy IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company." | | | | |
| CFR 147.200(a)(2)(i)(G) | A statement about whether the plan or coverage provides minimum essential coverage as defined under section 5000A(f) of the Internal Revenue Code and whether the plan's or coverage's share of the total allowed costs of benefits provided under the plan or coverage meets applicable requirements. | | | | |
| CFR 147.200(a)(1) | A health insurance issuer offering individual health insurance coverage is required to provide a written SBC for each benefit package without charge to entities and individuals. | | | | |
| CFR 147.200(b) | If a health insurance issuer offering individual health insurance coverage makes any material modification in any of the terms of the plan or coverage that would affect the content of the SBC, that is not reflected in the most recently provided SBC, and that occurs other than in connection with a renewal or reissuance of coverage, the plan or issuer must provide notice of the modification to an individual covered under a health insurance policy not later than 60 days prior to the date on which the modification will become effective. | | | | |

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| CFR 147.200(a)(1)(iv.) | A health insurance issuer offering individual health insurance coverage must provide an SBC to an individual covered under the policy (including every dependent) upon receiving an application for any health insurance policy, as soon as practicable following receipt of the application, but in no event later than seven business days following receipt of the application. | | | | |
| CFR 147.200(a)(1)(iv.)(C) | The issuer must provide the SBC to policyholders annually at renewal. The SBC must reflect any modified policy terms that would be effective on the first day of the new policy year. | | | | |
| CFR 147.200(a)(1)(iv.)(C)(2) | If renewal or reissuance is automatic, the SBC must be provided no later than 30 days prior to the first day of the new policy year; however, if the policy, certificate, or contract of insurance has not been issued or renewed before such 30-day period, the SBC must be provided as soon as practicable but in no event later than seven business days after issuance of the new policy, certificate, or contract of insurance, or the receipt of written confirmation of intent to renew, whichever is earlier. | | | | |
| CFR 147.200(a)(1)(v.) | If a single SBC is provided to an individual and any dependents at the individual's last known address, then the requirement to provide the SBC to the individual and any dependents is generally satisfied. However, if a dependent's last known address is different than the individual's last known address, a separate SBC is required to be provided to the dependent at the dependents' last known address. | | | | |