



SADP Issuer 2015 Renewal Application

The Exchange intends to make this entire application available electronically. Please complete the following:

Issuer Name	
NAIC Company Code	
NAIC Group Code	
Regulator(s)	
Federal Employer ID	
HIOS/Issuer ID	
Corporate Office Address	
City	
State	
ZIP	
Primary Contact Name	
Contact Title	
Contact Phone Number	
Contact E-mail	
Check all applicable categories: <input type="checkbox"/> SADP Individual; <input type="checkbox"/> SADP SHOP; <input type="checkbox"/> Family Dental Plan Individual ¹ ; <input type="checkbox"/> Family Dental Plan SHOP ²	

On behalf of the SADP issuer stated above, I hereby attest that I meet the requirements in this Renewal Application and certify that the information provided on this Application and in any attachments hereto are true, complete, and accurate. I understand that

¹ Family Dental Plan Individual means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the Individual Exchange.

² Family Dental Plan SHOP means an approved specialized health plan that covers specified adult dental services and specified pediatric dental services which include, at a minimum, the pediatric dental Essential Health Benefit as outlined in California Health and Safety Code Section 1367.005 and California Insurance Code 10112.27, offered in the SHOP Exchange.



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Covered California may review the validity of my attestations and the information provided in response to this application and decertify Issuer's Standalone Dental Plans offered on the Exchange should the information provided be found to be inaccurate. I confirm that I have the capacity to bind the SADP issuer stated above to the terms of this renewal application.

Date: _____
 Signature: _____
 Printed Name: _____
 Title: _____

	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
I. Licensed and in Good Standing						
1.1	Confirm that SADP issuer possesses and maintains its license to offer health insurance and is in good standing with applicable state, and federal authorities. (See Appendix A – Definition of Good Standing)	45 CFR §156.200(b)(4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.2	Are you seeking any material modification of an existing license from the California Department of Managed Health Care for any commercial individual or small group products offered or proposed to be offered through Covered California? If yes, complete Attachment A (Regulatory Filings) to explain what modifications you are seeking and when those are anticipated to be approved.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1.3	By submitting this application, SADP issuer agrees to negotiate a contract or contract amendment for 2015 in good faith with Covered California that will establish the terms and conditions of the business relationship.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
II. Provider Network Adequacy						



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
2.1	<p>As a general requirement, SADP issuer must maintain continuing compliance with California provider network adequacy standards, laws & regulations established by the applicable regulatory agency. Applicant understands that provider network adequacy for its Covered California products will be determined by the applicable state regulatory agency and verified by Covered California.</p> <p>SADP issuer agrees to maintain a legally compliant provider network for each product offering (DPPO, DHMO, DEPO) which includes sufficient number and types of providers to ensure that all services are accessible in a timely fashion to its Covered California enrollees.</p>	45 CFR §156.230(a)(2)	Health and Safety Code §1367.03; 28 CCR §1300.67.2.2 and Ins Code §10133.5 and 10 CCR §2240-2240.5		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.2	<p>SADP issuer agrees to maintain its provider network and continue to meets regulatory requirements based on SADP's 2015 Covered California projected and actual enrollment. Submit 2015 enrollment projections by product that SADP issuer intends to propose for 2015 by completing Attachment B1 (SADP 2015 Enrollment Projections) and, if applicable, Attachment B2 (Family Dental Plan 2015 Enrollment Projections).</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.3	<p>SADP products proposed for 2015 must cover the entire geographic service area for which the issuer is licensed in a rating region. Provide an updated geographic service area by product type for 2015 and include any changes from your 2014 service area by completing and uploading through SERFF³</p>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

³ System for Electronic Rate and Form Filing; developed and owned by the National Association of Insurance Commissioners



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	the most current Service Area Template located at: http://www.serff.com/plan_management_data_templates.htm and Attachment C (Plan Type by Rating Region Individual & SHOP). Is Applicant making any changes to 2014 service area? If yes, describe briefly.					
III. Contracting with Dental Providers Who Serve the Low Income and Uninsured Populations						
3.1	Describe how SADP issuer is continuing to meet or exceed Covered California's network contracting requirements as defined in Appendix C Contracting with Dental Providers Who Serve the Low-Income and Uninsured Population.					
IV. Quality and Delivery System Reform						
4.1	Describe SADP's process to ensure that SADP issuer can comply with SADP Contract Data Submission Requirements (as defined in Appendix B) to Covered California.					
4.2	SADP agrees to submit claims and encounter ⁴ data in the requested format to a third party vendor selected by Covered California for the purpose of performing clinical analytics.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.3	Confirm that SADP will submit, upon request, to the Exchange dental utilization reporting to include the measure numerator, denominator, and rate for the required measures set in Appendix D Covered California SADP Performance Standards: Quality and Delivery System Standards.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
V. Operational Readiness and Capacity						
5.1	SADP issuer confirms that it can and will accurately, appropriately and timely populate and				<input type="checkbox"/> Yes <input type="checkbox"/> No	

⁴ Claims and encounter data reflect a health care visit by an enrollee to a provider of care or service.



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	submit SERFF templates at the request of Covered California for: (1) Rates (2) Service Area (3) Plan/Benefit Designs (4) Network					
5.2	Demonstrate through existing SADP contract compliance or systems testing that SADP issuer operates systems which can accurately and timely report electronic data to Covered California using federal legal standards for electronic transactions.	at 42 U.S.C. § 1320d <i>et seq</i> 45 C.F.R. Part 162				
5.3	Demonstrate, through submission of a March 2014 audit report or systems testing, as applicable, that SADP issuer can accept 834, 820 and other standard transaction electronic files for enrollment and premium remittance in an accurate, consistent and timely fashion and utilize the information for its intended purpose (see Attachments D1 & D2)					
5.4	Provider directory data for both Individual and SHOP Exchange products must be included in this submission.	45 CFR §156.230(b)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.5	Describe how SADP issuer's computer systems can accurately and timely maintain an electronic interface with CalHEERS. Unless applicant can demonstrate this requirement through contract compliance, applicant must be available for testing data interfaces with the Exchange no later than July 1, 2014. SADP issuer must maintain computer systems for testing any future modifications to the interface design and data interchange.					
5.6	Describe the SADP issuer's systems ability to generate invoices for new members, which must be					



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
	fully operational no later than October 15, 2014.					
5.7	Describe SADP issuer's systems which must accept premium payments from members no later than October 15, 2014 made using paper checks, cashier's checks, money orders, EFT and all general purpose pre-paid debit cards and credit cards. If such systems are not currently in place, describe plans to implement such systems, including any potential vendors, if applicable, and an implementation work plan with timeline.					
5.8	Describe how SADP issuer will maintain sufficient staffing in the customer service center to meet contractual performance goals.					
5.9	Describe SADP issuer's plans that are in place for the purpose of detecting and reporting incidents of fraud, waste and abuse. Provide a description of such plans and their efficacy.					
5.10	Describe any education efforts SADP issuer provides to members to help them identify and report possible fraud scams. Describe SADP's procedures to report fraud scams to law enforcement.					
5.11	Describe SADP issuer's safeguards against Social Security/ identity fraud.					
5.12	SADP must comply with applicable federal and state privacy laws and regulations, and has appropriate procedures in place to detect and respond to privacy and security incidents.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.13	SADP issuer must adhere to Covered California naming conventions promulgated through a future administrative rulemaking by Covered California for 2015.					



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	Requirements	Federal Law	State Law	Board Policy	Yes/No	Comments/Explanations (Responses shall not exceed 250 words)
VI. Rates for 2015						
6.1	Submit premium rates for every proposed SADP by rating region for 2015 completing Attachment E1 SADP Rates Individual & SHOP. If applicable, submit premium rates for every proposed Family Dental Plan by completing Attachment E2 Family Dental Plan Rates Individual & SHOP.					
6.2	Provide information requested about documents required to be filed with the applicable regulator as outlined in Attachment A for 2015 products proposed to be offered through Covered California. Complete Attachment A and provide updates to this information as additional documents are submitted to the applicable regulator.					
VII. 2015 Standard Benefit Plan Design						
7.1	SADP issuer must adhere to 2015 standard benefit plan designs which will be adopted through a future administrative rulemaking.				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.2	SADP issuer agrees to submit its proposed 2015 plans for its licensed geographic service area(s).				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.3	Comply with California state benefit plan laws in effect for 2015, including those pertaining to plan design requirements.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Appendix A: Definition of Good Standing

Definition of Good Standing	Regulatory Agency	Relevant To EHB	Relevant to Supplemental
<u>Verification that issuer holds a state health care service plan license or insurance certificate of authority.</u>			
• Approved for what lines of business (e.g. commercial, small group, individual)	DMHC	X	X
• Approved to operate in what geographic service areas	DMHC	X	X
• Most recent financial exam and medical survey report	DMHC	X	X
• Most recent market conduct exam reviewed	CDI	X	X
<u>Affirmation of no material⁵ statutory or regulatory violations, including penalties levied, in the past two years in relation to any of the following, where applicable:</u>			
• Financial solvency and reserves reviewed	DMHC and CDI	X	X
• Administrative and organizational capacity	DMHC	X	X
• Benefit Design			
• State mandates (to cover and to offer)	DMHC and CDI	X	
• Essential health benefits ⁶ Pediatric Dental only	DMHC and CDI	X	
• Basic health care services	CDI	X	
• Copayments, deductibles, out-of-pocket maximums	DMHC and CDI	X	
• Actuarial value confirmation (using 2015 Actuarial Value Calculator)	DMHC and CDI	X	
• Network adequacy and accessibility standards	DMHC and CDI	X	
• Provider contracts	DMHC and CDI	X	
• Uniform disclosure (summary of benefits and coverage)	DMHC and CDI	X	
• Claims payment policies and practices	DMHC and CDI	X	X
• Provider complaints	DMHC and CDI	X	X
• Utilization review policies and practices	DMHC and CDI	X	X
• Quality assurance/management policies and practices	DMHC	X	
• Enrollee/Member grievances/complaints and appeals policies and practices	DMHC and CDI	X	X
• Independent medical review	DMHC and CDI	X	
• Marketing and advertising	DMHC and CDI	X	
• Guaranteed issue individual and small group	DMHC and CDI	X	X

⁵ Covered California, in its sole discretion and in consultation with the appropriate health insurance regulator, determines what constitutes a material violation for this purpose.



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Appendix B: SADP Contract Data Submission Requirements

SADP issuer shall provide to the Exchange information regarding SADP issuer's membership through the Exchange in a consistent manner to that which SADP issuer currently provides to its major purchasers. SADP issuer and the Exchange shall work together in good faith to further define mutually agreeable information and formats for SADP issuer to provide to the Exchange, in all cases to remain generally consistent with the information shared by SADP issuer with its major purchasers.



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Appendix C: Contracting with Dental Providers Who Serve the Low-Income and Uninsured Population

SADP Issuer shall maintain a network that includes participation of dental providers with a history of serving uninsured and low income populations that are available through SADP to provide reasonable and timely access to Specialized Health Care Services to low-income populations in each geographic region where SADP Issuer's SADPs provide services to Enrollees.

- (a) For purposes of this Section, "participation of dental providers with a history of serving uninsured and low income populations" shall be determined by the Exchange in its reasonable discretion 1) in accordance with the following conditions: (i) Federally Qualified Health Centers (FQHC) providers plotted on a low-income population map by county and (ii) other providers who serve the low-income population, defined as those providers for whom at least 20% of patients served are low income, by county; and 2) based on consideration of various factors, including, (i) the nature, type and distribution of SADP Issuer's contracting arrangements with FQHCs who provide dental services in each geographic region in which SADP issuer provides Specialized Health Care Services to Enrollees, (ii) the inclusion of a sufficient number of providers that participate or have participated with the Medi-Cal and/or Healthy Families program, and (iii) other factors as mutually agreed upon by the Exchange and the SADP Issuer regarding its ability to serve the low income population.
- (b) "Low-income populations" shall be defined as families living at or below 200% of Federal poverty level.
- (c) SADP Issuer shall notify the Exchange with respect to any material changes as of and throughout the term of this Agreement to its contracting arrangements with FQHCs that provide dental services and other information relating to contracting with providers who serve the low-income and uninsured populations.



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Appendix D: Covered California SADP Performance Standards: Quality and Delivery System Standards

Utilization Measures	Covered California will work with SADP Issuers as appropriate to adjust measure sets where an SADP Issuer does not have all of the specific Utilization measures.		
<p>Annual Preventive/Diagnostic Visit</p> <p>Measure includes all members ages 1 through 18 years of age as of December 31, 2014 (denominator) who had at least one preventive or diagnostic dental visit in 2014 (numerator) with no more than one gap in enrollment of up to 45 days during 2014.</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
<p>Annual Dental Visit (ADV)</p> <p>Measure includes all members ages 2 through 18 years as of December 31, 2014 (denominator) who had at least one dental visit in 2014 (numerator) with no more than one gap in enrollment of up to 45 days during 2014.</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	
<p>Examinations/Oral Health Evaluations (OHE)</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2014 (denominator) who received comprehensive or periodic oral health evaluation (D1020 or D1050) in 2014 (numerator); members under the age of three not receiving service D1020 or D1050 are also included if they received an oral health evaluation and counseling with the primary care giver (D0145) in 2014.</p>	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	



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<p>Preventive Dental Services (PDS).</p> <p>Measure includes members enrolled for at least 11 of the 12 months in 2014 (denominator) who received any preventive dental service (D1000-D1999) in 2014 (numerator).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Age Group</th> <th style="width: 20%;">Expectation</th> <th style="width: 65%;">Performance</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">2-3</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">4-6</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">7-10</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">11-14</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">15-18</td><td style="text-align: center;">75%</td><td></td></tr> </tbody> </table>	Age Group	Expectation	Performance	2-3	75%		4-6	75%		7-10	75%		11-14	75%		15-18	75%	
Age Group	Expectation	Performance																	
2-3	75%																		
4-6	75%																		
7-10	75%																		
11-14	75%																		
15-18	75%																		
<p>Continuity of Care (COC)</p> <p>Measure includes members who continuously enrolled in the same plan for 2 years with no gap in coverage who received a comprehensive or periodic oral health evaluation (D1020, D1050) or a prophylaxis (D1110, D1120) in 2014 (denominator) and who received a comprehensive or periodic oral health evaluation (D0120, D1050) or a prophylaxis in 2015 (numerator).</p>	<p style="text-align: center;"><i>Measurement begins 2014, first Reporting Year 2016</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Age Group</th> <th style="width: 20%;">Expectation</th> <th style="width: 65%;">Performance</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">2-3</td><td style="text-align: center;">n/a</td><td></td></tr> <tr><td style="text-align: center;">4-6</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">7-10</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">11-14</td><td style="text-align: center;">75%</td><td></td></tr> <tr><td style="text-align: center;">15-18</td><td style="text-align: center;">75%</td><td></td></tr> </tbody> </table>	Age Group	Expectation	Performance	2-3	n/a		4-6	75%		7-10	75%		11-14	75%		15-18	75%	
Age Group	Expectation	Performance																	
2-3	n/a																		
4-6	75%																		
7-10	75%																		
11-14	75%																		
15-18	75%																		
<p>Filling to Preventive Services Ratio (FPSR).</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2014 who received one or more fillings (D2000-D2999) in 2014 (denominator) and who also received a topical fluoride (D1203, D1204, or D1206) a sealant application (D1351, D1352) or education to prevent caries (D1310 and D1330) in 2014 (numerator).</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Age Group</th> <th style="width: 15%;">Report in 2014</th> <th style="width: 70%;">Set Performance Standards in 2015</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">2-3</td><td></td><td></td></tr> <tr><td style="text-align: center;">4-6</td><td></td><td></td></tr> <tr><td style="text-align: center;">7-10</td><td></td><td></td></tr> <tr><td style="text-align: center;">11-14</td><td></td><td></td></tr> <tr><td style="text-align: center;">15-18</td><td></td><td></td></tr> </tbody> </table>	Age Group	Report in 2014	Set Performance Standards in 2015	2-3			4-6			7-10			11-14			15-18		
Age Group	Report in 2014	Set Performance Standards in 2015																	
2-3																			
4-6																			
7-10																			
11-14																			
15-18																			
<p>Use of Dental Treatment Services (UDTS).</p> <p>Measure includes members enrolled for at least 11 of the 12 months of 2014 (denominator) who received any dental treatment other than diagnostic or preventive services (D2000-D9999) in 2014 (numerator).</p>	<p style="text-align: center;"><i>Report only, monitor trends over time</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Age Group</th> <th style="width: 85%;">Performance</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">2-3</td><td></td></tr> <tr><td style="text-align: center;">4-6</td><td></td></tr> </tbody> </table>	Age Group	Performance	2-3		4-6													
Age Group	Performance																		
2-3																			
4-6																			



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	7-10		
	11-14		
	15-18		
Overall Utilization of Dental Services (OUDS). Measure includes members enrolled in for at least 11 of the 12 months of 2014 (denominator) who received any dental service (D0100-D9999), including preventive services, during 2014 (numerator).	Age Group	Expectation	Performance
	2-3	75%	
	4-6	75%	
	7-10	75%	
	11-14	75%	
	15-18	75%	

California Health Benefit Exchange
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Attachment B1 - SADP 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment B1 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 SADP Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		

Rating Region	County	Product (DHMO/DPPO)	2015 SADP Enrollment Projections
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
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Attachment B2 - Family Dental Plan 2015 Enrollment Projections

Issuer Name:
Product:
Market:

Please complete Attachment B1 enrollment projection for each product and market type. Enrollment projection should reflect anticipated enrollment January 1, 2015 through December 1, 2015

Rating Region	County	Product (DHMO/DPPO)	2015 Family Dental Plan Enrollment Projections
Region 1	Alpine		
Region 1	Del Norte		
Region 1	Siskiyou		
Region 1	Modoc		
Region 1	Lassen		
Region 1	Shasta		
Region 1	Trinity		
Region 1	Humboldt		
Region 1	Tehama		
Region 1	Plumas		
Region 1	Nevada		
Region 1	Sierra		
Region 1	Mendocino		
Region 1	Lake		
Region 1	Butte		
Region 1	Glenn		
Region 1	Sutter		
Region 1	Yuba		
Region 1	Colusa		
Region 1	Amador		
Region 1	Calaveras		
Region 1	Tuolumne		
Region 2	Napa		
Region 2	Sonoma		
Region 2	Solano		
Region 2	Marin		
Region 3	Sacramento		
Region 3	Placer		
Region 3	El Dorado		
Region 3	Yolo		
Region 4	San Francisco		
Region 5	Contra Costa		
Region 6	Alameda		
Region 7	Santa Clara		
Region 8	San Mateo		
Region 9	Santa Cruz		
Region 9	Monterey		
Region 9	San Benito		
Region 10	San Joaquin		
Region 10	Stanislaus		

Rating Region	County	Product (DHMO/DPPO)	2015 Family Dental Plan Enrollment Projections
Region 10	Merced		
Region 10	Mariposa		
Region 10	Tulare		
Region 11	Fresno		
Region 11	Kings		
Region 11	Madera		
Region 12	San Luis Obispo		
Region 12	Ventura		
Region 12	Santa Barbara		
Region 13	Mono		
Region 13	Inyo		
Region 13	Imperial		
Region 14	Kern		
Region 15	Los Angeles		
Region 16	Los Angeles		
Region 17	San Bernardino		
Region 17	Riverside		
Region 18	Orange		
Region 19	San Diego		

California Health Benefit Exchange
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Attachment C - Plan Type by Rating Region (Individual & SHOP)

Issuer Name:

Instructions:

Please indicate the products proposed with an "X." Note that Issuers are required to submit proposals that include their entire licensed service area for each product type on which they are bidding. Applicants are encouraged, but not required to bid on both SADP and Family Dental Plan, and may offer only their Individual or Small Group products.

Rating Region	County	SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
		Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region						
Region 1	Alpine																
Region 1	Del Norte																
Region 1	Siskiyou																
Region 1	Modoc																
Region 1	Lassen																
Region 1	Shasta																
Region 1	Trinity																
Region 1	Humboldt																
Region 1	Tehama																
Region 1	Plumas																
Region 1	Nevada																
Region 1	Sierra																
Region 1	Mendocino																
Region 1	Lake																
Region 1	Butte																
Region 1	Glenn																
Region 1	Sutter																
Region 1	Yuba																
Region 1	Colusa																
Region 1	Amador																
Region 1	Calaveras																
Region 1	Tuolumne																
Region 2	Napa																
Region 2	Sonoma																

Rating Region	County	SADP								Family Dental Plan							
		Individual				SHOP				Individual				SHOP			
		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO		DPPO		DHMO	
		Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region	Full Region	Partial Region						
Region 2	Solano																
Region 2	Marin																
Region 3	Sacramento																
Region 3	Placer																
Region 3	El Dorado																
Region 3	Yolo																
Region 4	San Francisco																
Region 5	Contra Costa																
Region 6	Alameda																
Region 7	Santa Clara																
Region 8	San Mateo																
Region 9	Santa Cruz																
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Region 10	San Joaquin																
Region 10	Stanislaus																
Region 10	Merced																
Region 10	Mariposa																
Region 10	Tulare																
Region 11	Fresno																
Region 11	Kings																
Region 11	Madera																
Region 12	San Luis Obispo																
Region 12	Ventura																
Region 12	Santa Barbara																
Region 13	Mono																
Region 13	Inyo																
Region 13	Imperial																
Region 14	Kern																
Region 15	Los Angeles																
Region 16	Los Angeles																
Region 17	San Bernardino																
Region 17	Riverside																
Region 18	Orange																
Region 19	San Diego																

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E1 - SADP Rates Individual & SHOP

Issuer Name:

Product: DPPO
 Network:

Proposed Calendar Year 2015 Premiums												
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
Region 7												
Region 8												
Region 9												
Region 10												
Region 11												
Region 12												
Region 13												
Region 14												
Region 15												
Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E1 - SADP Premium Individual & SHOP

Issuer Name:

Product: DHMO

Network:

Proposed Calendar Year 2015 Premiums												
	Individual - Low			Individual - High			SHOP - Low			SHOP - High		
	Coverage Tier			Coverage Tier			Coverage Tier			Coverage Tier		
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Child	2 Covered Children	3+ Covered Children
Region 1												
Region 2												
Region 3												
Region 4												
Region 5												
Region 6												
Region 7												
Region 8												
Region 9												
Region 10												
Region 11												
Region 12												
Region 13												
Region 14												
Region 15												
Region 16												
Region 17												
Region 18												
Region 19												

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E2 - Family Dental Plan Rates Individual & SHOP

Issuer Name:

Product: DPPO

Network:

Proposed Calendar Year 2015 Premiums																
Individual - Low				Individual - High				SHOP - Low				SHOP - High				
Coverage Tier				Coverage Tier				Coverage Tier				Coverage Tier				
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
Region 5																
Region 6																
Region 7																
Region 8																
Region 9																
Region 10																
Region 11																
Region 12																
Region 13																
Region 14																
Region 15																
Region 16																
Region 17																
Region 18																
Region 19																

California Health Benefit Exchange
SADP Issuer 2015 Renewal Application
Attachment E2 - SADP Premium Individual & SHOP

Issuer Name:

Product: DHMO

Network:

Proposed Calendar Year 2015 Premiums																
Individual - Low				Individual - High				SHOP - Low				SHOP - High				
Coverage Tier				Coverage Tier				Coverage Tier				Coverage Tier				
Rating Region	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult	1 Covered Child	2 Covered Children	3+ Covered Children	1 Covered Adult
Region 1																
Region 2																
Region 3																
Region 4																
Region 5																
Region 6																
Region 7																
Region 8																
Region 9																
Region 10																
Region 11																
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Region 19																