

Q1: If a Health Insurer Applicant has multiple affiliates and/or doing business as (DBAs), and the service areas of the respective affiliates/DBAs do not overlap, how many standard and non-standard products is the Applicant permitted to submit?

A1: Each Applicant must offer a Standard Product in each county of its respective service area. Each Applicant may also elect to offer up to three (3) non-standard products within that service area. As set forth on page 9 of the Invitation, if affiliated entities of the Health Insurer Applicant apply to participate in the Exchange, the limitation of three (3) non-standard products per metal level in each Exchange (Individual and SHOP) will apply to the Health Insurer Applicant and its affiliates collectively. However, if a Health Insurer Applicant and/or its affiliated entities (including different DBAs) operate in entirely separate and distinct geographic areas, the standard and non-standard products offered in the separate, non-overlapping services areas will not be counted collectively.

Q2: If an Applicant and/or its affiliate(s) have different “DBAs” and each DBA covers a distinct service area, is a separate Letter of Interest and Participation Proposal required for each DBA?

A2: Yes. Given the explanation above, separate Letters of Interest and Participation Proposals are required.

Q3. Under the estimated number of products section of the Letter of Intent should the applicant only indicate the number of non-standard products we intend to offer?

A3: No. Applicants should include both non-standard and standard product offerings in the estimated number of products in the Letter of Intent.

Q4: Under Section E of the Letter of Interest, should a Health Insurer Applicant include all the variations of the silver metal product (i.e., cost-sharing variations based on federal poverty level and Native American variations) as separate products, or should they be considered one product?

A4: Health Insurer Applicants should list the silver metal level product variations as one product.

Q5. Can you advise whether the minimum participation and “Quality and Enrollee Satisfaction” requirements will apply to Stand Alone Dental Plans?

A5. The Minimum Participation Standards set forth in Section II. 4.c. and the “Quality and Enrollee Satisfaction” requirements in Section II.E. do not apply to Stand Alone Dental Plans. However, Stand Alone Dental Plans will be required to submit encounter data per Section II. G.3.