

SSHIX Issuer Submission Form



Please complete to initiate QHP & SADP Certification process for Plan Year 2020. **Due May 20, 2019**

Please submit via email to PManagement@exchange.nv.gov

Instructions: Please complete this form for health and stand alone dental plans intended to be offered on-Exchange in Nevada for Plan Year 2020. All information provided on this form should align with submissions filed with the binder filings via SERFF.

- Plan Marketing Name: Enter the plan marketing name at the standard plan level
- New or Existing: Indicate New or Existing Plan. New Plans include plans that were offered last year but no longer considered the same plan by the 45 CFR 144.103
- On or Off Exchange or Both: Indicate whether plan will be offered on Exchange, or both on and off the Exchange
- QHP Plans Coverage Level: Indicate Platinum, Gold, Silver, Bronze, Expanded Bronze, or Catastrophic (Field only required for QHP plans)
- SADP Plans: Family or pediatric-only Indicate if plan offers family coverage, or child only coverage Plan Type: Indicate PPO, HMO, EPO, or POS
- Service Areas: Indicate the service area(s) where this plan will be offered. (Service Area 1 - Clark and Nye Counties; Service Area 2 - Washoe County; Service Area 3 - Carson, Douglas, Lyon, and Storey Counties; Service Area 4 - Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Pershing, and White Pine Counties)

QHP, SADP, or Both :	
HIOS Issuer ID :	

Company Legal Name:
Address Line 1:

Primary Contact Name	Primary Contact Phone	Primary Contact Email	
Address Line 2:	City	State	Zip

Proposed Plan Summary Information (Optional)

Plan Marketing Name	New or Existing Plan	On Exchange or Both On	Renewing Plans: Changes to Service Area? (Y/N)	QHP Plans: Metal Level	SADP Plans: Family or pediatric-only	Plan Type (HMO/PPO/EPO/POS)	Service Areas Offered