

Checklist for Summary of Benefits

Instructions:

- The Summary of Benefits Checklist is to be submitted with your Summary of Benefits. Both documents should be zipped and submitted as one file.
- Once completed, both documents should be transmitted via the HPMS MA or PDP Marketing Module.

Requirements:

All required and relevant information that should be included in the Summary of Benefits:

| | Page # |
|---|-----------|
| _____ Adheres to language and format of the standardized Summary of Benefits “or approved hard copy changes” | _____ N/A |
| _____ Marketing material ID | _____ |
| _____ Materials in 12 point font | _____ N/A |
| _____ Title “Summary of Benefits” appears on the cover page | _____ |
| _____ Include Premium | _____ |
| _____ Include premium table (If applicable) | _____ |
| _____ Benefits are within one column | _____ N/A |
| _____ Include all required benefit categories | _____ N/A |
| _____ Include zip codes of counties, and partial counties | _____ |
| _____ Include customer service number, TTY/TDD number, and hours of operation | _____ |
| _____ Include Sections 1 and 2 | _____ |
| _____ Include Section 3 includes no more than six pages of text and graphics, either single-sided pages or three double-sided pages (If applicable) | _____ |
| _____ Create a side-by-side comparison matrix for two (or more) plans by manually combining the information into a chart format. In addition, all required or relevant information is included (If applicable) | _____ |
| _____ List all of the plans the SB is describing, substitute the PDP’s legal entity’s name, or use a Plan’s “family” name that applies to all PDP plans. | _____ |
| _____ Include when organizations or Sponsors offer plans with identical benefits in multiple regions, they may create a regional copay or premium table to accompany the SB that lists the copays/premiums for all regions covered. Along with the table, should be an instruction to members explaining how to find the copay and premium information that applies to them. The regional copay/premium table and SB is required to be submitted and reviewed by CMS with an attestation that the information populated in the table is identical to what is approved in the bid (if applicable). | _____ |
| _____ No spelling errors | _____ N/A |

Dual Eligible Special Needs Plans (SNPs) must include section 4 to provide each prospective enrollee with a comprehensive written statement that describes the benefits and the cost sharing protections that the individual is entitled to under title XIX (Medicaid).

Based on my best knowledge, information, and belief, all information submitted to CMS in these documents are accurate, complete, and truthful. Our organization has performed a second quality review of the materials before submitting them to CMS for review and approval.

(Name & Title of preparer of materials/ Date)

(Name & Title of second Quality Reviewer/Date)

On behalf of

(NAME OF ORGANIZATION)