Summary of Benefits and Coverage Notice Batch Data Entry Grid Key

Column Name	Details	Checklist Location	Editable
Plan Name	Plan name	**A.2a** and **A.2b**	No
Plan Type	Specific plan type: • Cafeteria • HRA	N/A	No
Resp	Indicates whether you are responsible for the plan (defaulted to Yes). Only plans that have "Yes" selected will appear.	Top of Section **A**	No
Err Docs	Edit Check status for the plan. If one section of the document checklist (A-D) is 'NOT-OK' or '???', system will show status of ⊗ (Not-OK). ⚠ = '???' (edit checks have not yet been run); ✅ = 'OK'.	Sections **A-D**	No
Err Forms	Edit Check status for the administrative portion of the checklist. If section J is 'NOT-OK' or '???', system will show status of ⊗ (Not-OK).	Section **J**	No
Year End	Plan year end	**A.4a**	No
Begin Coverage Period	Must complete as xx/xx/xxxx May also complete as "Beginning on or after xx/xx/xxxx"	N/A	Yes
End Coverage Period End	Must complete as xx/xx/xxxx or leave blank if only begin date is entered above	N/A	Yes

Contact Information			
Column Name	**Details**	**Checklist Location**	**Editable**
Plan web-address	Leave blank if inapplicable Include "www." if applicable	N/A	Yes
Plan Phone	Options: Same as Claims (J.5) Other	N/A	Yes
Plan Phone Other	Applies only if 'Plan Phone' is "Other"	N/A	Yes
Questions web-address **Will also be used for continuation coverage questions (page 6)**	Leave blank if inapplicable Include "www." if applicable	N/A	Yes
Questions Phone	Options: Same as Claims (J.5) Same as Plan Other	N/A	Yes
Questions Phone Other	Applies only if Questions Phone' is "Other"	N/A	Yes
Glossary web-address	Options: DOL - www.dol.gov/ebsa/healthreform Other	N/A	Yes
Glossary web-address Other	Required if "Other" selected Include "www." if applicable	N/A	
Glossary Phone	Options: Same as Claims (J.5) Same as Plan Other	N/A	Yes
Glossary Phone Other	Applies only if Glossary Phone' is "Other"	N/A	Yes

Deductibles			
Column Name	**Details**	**Checklist Location**	**Editable**
Deductible for one person	HRA plans only	C.4a	No
Family Deductible	HRA plans only	C.4c	No
Coverage/Exclusions			
Exclusions (Cafe)/Modifications (HRA)	Cafe - other expenses that are not eligible for reimbursement Only appears if **C.5b** is "Yes"	**C.5d**	No
	HRA - other modifications to the definition of Eligible Expenses Only appears if **C.1b** is "Yes"	**C.1c**	No
Eligible Expenses	HRA Plans only • All allowable medical expenses • Listed medical expenses • Health plan coinsurance • Health plan deductibles • Health plan deductibles and coinsurance • Schedule of expenses	**C.1a**	No
Listed expenses	HRA Plans only Eligible Expenses is "Listed medical expenses"	**C.1d**	No
Coinsurance	HRA Plans only Once the HRA deductible is met (if any), indicate the level of coverage provided under the HRA until the annual amount under **C.3** is met	**C.5**	No

Coordination with HSAs			
Column Name	**Details**	**Checklist Location**	**Editable**
HSA Coordination	HRA • None • Permitted Coverage • Post Deductible Coverage • Both Permitted and Post Deductible Coverage • Suspended HRA	**C.9a**	No
	Cafe • None • Permitted Coverage • Post Deductible Coverage • Both Permitted and Post Deductible Coverage	**C.6a**	
HSA coordination Timing	Cafe only • Entire Plan Year • During grace period only	**C.6b**	No
HSA Coordination Participants	• All Participants • Only Participants eligible to participate in the HDHP • Only Participants enrolled in the HDHP	Cafe: **C.6c** HRA: **C.9b**	No
Language Assistance Services See http://www.cciio.cms.gov/resources/factsheets/clas-data.html for list of applicable counties.			
Grandfathered	Indicate whether the Plan is grandfathered for the purposes of providing notice regarding grandfathered status and for claims procedures **If "Yes" is entered, the plan is not required to provide foreign language access services.**	**J.12**	No

Column Name	Details	Checklist Location	Editable
Spanish	If Yes is selected, a sentence will appear in the applicable language regarding grievance and appeal rights	N/A	Yes
Chinese	If Yes is selected, a sentence will appear in the applicable language regarding grievance and appeal rights	N/A	Yes
Tagalog	If Yes is selected, a sentence will appear in the applicable language regarding grievance and appeal rights	N/A	Yes
Navajo	If Yes is selected, a sentence will appear in the applicable language regarding grievance and appeal rights	N/A	Yes
Language access phone	If any of the above are yes, enter phone number	N/A	Yes