

Pediatric Stand-Alone Dental Plan Form Filing Checklist

Selected Form Review Requirements

Form # Form Name

Company Name:		NAIC #:	
SERFF Tracking Number:		SERFF TOI Code:	<input type="checkbox"/> H10G.001 Group Health - Pediatric Dental <input type="checkbox"/> H10I.001 Individual Health - Pediatric Dental <input type="checkbox"/> Supplemental/Specialty Product – HIC Pediatric Dental Care Services
Market Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Small Group <input type="checkbox"/> Non-Employer Group	Plan Intended for Issuance:	<input type="checkbox"/> Inside the Exchange Only <input type="checkbox"/> Outside the Exchange Only (Exchange Certified) <input type="checkbox"/> Both Inside and Outside the Exchange (Exchange Certified)
Product Name:			
Each Plan Name included in this submission:			

Instructions:

1. Only one Stand-Alone Dental Plan Checklist must be completed to inclusively demonstrate compliance with the Pediatric Dental EHB requirements for all plan variations that are included in the product filing submission.
2. Any exceptions to compliance with the Pediatric Stand Alone Dental Checklist requirements must be noted on the checklist and explained in a separate document referencing the specific affected plan name(s) and form number(s).
3. This completed document must be attached to the SERFF Supporting Document tab along with any other applicable supplemental documentation.
4. Please indicate the form and page number where the benefit is described in the Page# and Document column if applicable.

Pediatric Stand-Alone Dental Plan Form Filing Checklist

Selected Form Review Requirements

Form # Form Name

REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
No lifetime limits on the dollar value of EHB:	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 §155.1065(a)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
No annual limits on the dollar value of EHB:	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 §155.1065(a)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Special enrollment period	45 CFR § 156.260	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Open enrollment period(s) required	45 CFR § 156.260	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Annual Limitation on Cost Sharing	45 CFR § 156.150(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Minimum actuarial value	45 CFR § 156.150(b)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

Pediatric Stand-Alone Dental Plan Form Filing Checklist

Selected Form Review Requirements

Form # Form Name

REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
FEDVIP High Option Pediatric Dental Benefits	(B) 45 CFR 146 Appendix, PHSA §2707	<input type="checkbox"/> YES <input type="checkbox"/> NO – explain		
General Services		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Class A (Basic) Services – preventive and diagnostic		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Class B (Intermediate) Services – include minor restorative services		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Class C (Major) Services – includes major restorative, endodontic, periodontal, prosthodontic services		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Class D Services – orthodontic (medically necessary)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		