

Pediatric Stand Alone Dental Plan Filing Guidance Checklist – FORM REVIEW REQUIREMENTS

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

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 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 also be attached to the Stand Alone Dental Requirement Supporting Document tab along with any applicable supplemental documentation that is specific to dental carriers (i.e. Stand Alone Dental Plans – Actuarial Value Supporting Documentation and Justifications” and “Stand-Alone Dental Plans – Description of EHB Allocation”).

Review Requirement	Federal Authority	Description	All Plans Comply with Requirements	EXCEPTION(S) <i>(provide explanation in separate document)</i>
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	
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	
Provides Essential Health Benefits (Pediatric Dental Services) – FEDVIP – High Option	PHSA §2707	1) Stand-alone dental plans are only required to provide coverage for pediatric dental essential health benefits. <input type="checkbox"/> Class A (Basic) Services – Preventive and Diagnostic <input type="checkbox"/> Class B (Intermediate) Services – Includes minor restorative services <input type="checkbox"/> Class C (Major) Services – Includes major restorative, endodontic, and prosthodontics services <input type="checkbox"/> Class D - Orthodontic Services <input type="checkbox"/> Other Services 2) Pediatric EHB requirements and provisions are applicable only to coverage of benefits and services (including quantitative limits and exclusions on covered benefits and services). Pediatric EHB requirements and provisions do not include or apply to cost-sharing or utilization management services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	

