

Stand-Alone Dental Plan—Description of EHB Allocation Supporting Documentation and Justification

Fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

Applicable HIOS Plan IDs (Standard Component):

Certification Language:

For the plans listed above, specify only the pediatric dental essential health benefit (EHB). If you are offering both child-only and adult/family tiered plans, specify the pediatric dental EHB allocation percentage of the pediatric portion of the monthly premium separately for each of these respective plan types. If the allocation percentage of the EHB pediatric dental portion of the monthly premium is 100% for all plans, check the box below. If these allocation amounts differ for the same plan type, specify the amount for each respective plan ID.

The analysis and value has been completed by a member of the American Academy of Actuaries in accordance with actuarial principles and methods.

Actuary Signature:

Actuary Printed Name:

Date:

The allocation percentage of the EHB pediatric dental portion of the monthly premium is 100% in accordance with 45 CFR 156.470(d).

Yes

No