

Chapter 15b: Stand-Alone Dental Plan— Description of EHB Allocation

Please fill in the following information.

HIOS Issuer ID: _____

Applicable HIOS Plan IDs (Standard Component): _____

Certification Language:

For the plans listed above, the portion of the monthly premium allocable to the pediatric dental essential health benefit of a child-only plan should follow:

- (i) The premium may not exceed the premium for a child-only plan;
- (ii) *EHB Apportionment for Pediatric Dental* should not be higher than the 0–20 age band or Family Option *Rates* entered in the Rates Table Template;
- (iii) The dollar amount should reflect (not necessarily equal) the statewide average amount for that plan;
- (iv) This value must not exceed the lowest monthly premium for the plan in any rating area and;
- (v) The value must be calculated by a member of the American Academy of Actuaries in accordance with generally accepted actuarial principles and methodologies.

Actuary Signature: _____

Actuary Printed Name: _____

Date: _____

Description of the methods and specific bases used to perform the allocation, and demonstrating that the allocation meets the standards set forth in 45 CFR 156.470(d):

If this provides insufficient space to list your justifications, please print out another form and add additional reasons there.