

# Stand-Alone Dental Plan—Description of EHB Allocation

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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, is

- (i) no greater than the total premium for the plan; and
- (ii) 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):**

\_\_\_\_\_  
\_\_\_\_\_

**(Description may continue onto additional pages)**