

## Stand-Alone Dental Plan—Description of EHB Allocation

Please fill in the following information.

**Health Insurance Oversight System (HIOS) Issuer ID:**

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**Applicable HIOS Plan IDs (Standard Component):**

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### Certification Language:

For the plans listed above, specify only the pediatric dental essential health benefit (EHB) allocation percentage of the pediatric portion of the monthly premium. 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 these amounts differ for the same plan type, specify the amount for each respective plan ID.

By signing this form, you are verifying:

- (i) The actuarial value analysis was conducted by a member of the American Academy of Actuaries.
- (ii) The analysis was performed in accordance with generally accepted actuarial principles and methods. The value must be calculated by a member of the American Academy of Actuaries in accordance with generally accepted actuarial principles and methods.

**Actuary Signature:** \_\_\_\_\_

**Actuary Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Describe the methods and specific basis used to perform the allocation and demonstrate that the allocation meets the standards set forth in 45 Code of Federal Regulations 156.470(d). Do not include percentage values attributable to anything other than pediatric rates. For example, if the plan is a child-only plan and all of the benefits offered are EHB, the allocation should be “100% attributable to pediatric dental EHB.” If you provide information that reflects adult premiums or adult use of pediatric dental EHB in your EHB allocation calculation, you may receive a correction notice. An EHB allocation percentage calculation or other information that does not clearly state or reflect “100% attributable to pediatric dental EHB” should be revised prior to submission.**

If you do not have enough space here to list your justifications, print out another form to augment as needed.