

EHB-Substituted Benefit (Actuarial Equivalent) Supporting Documentation and Justification

Use this form if you are applying for qualified health plan (QHP) certification and elect to substitute essential health benefits (EHBs) or if you are attempting to show EHB compliance when substituting benefits in a non-QHP plan. You must provide additional documentation to demonstrate compliance.

This form is optional, you can elect to use an alternative form to demonstrate EHB compliance for substituted EHBs. This form is not specific to stand-alone dental plans.

If you are submitting your application via the System for Electronic Rate and Form Filing, you do not need to submit this form.

Please fill in the following information.

Health Insurance Oversight System (HIOS) Issuer ID:

Applicable HIOS Plan IDs (Standard Component):

EHB Benefits	Substituted Benefits	Value of EHB Benchmark Benefits	Value of Substituted Benefits	EHB Category	Cost and Utilization Assumptions

Certification Language:

This substitution is

- (i) actuarially equivalent to the benefit being replaced,
- (ii) made only in the same EHB category, and
- (iii) not a prescription drug benefit.

The certification

- (i) was conducted by a member of the American Academy of Actuaries,
- (ii) was based on an analysis performed in accordance with generally accepted actuarial principles and methods, and
- (iii) used a standardized plan population.

Actuary Signature: _____

Actuary Printed Name: _____

Date: _____

Describe the methods ...

List Justification: