

Stand-Alone Dental Plan—Description of EHB Allocation

Please 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, the percentage of the monthly premium allocable to the pediatric dental essential health benefit of a child-only plan should be the following:

- (i) EHB percent that applies to the pediatric rates for plans with age-banded rates.
- (ii) EHB percent of the individual rate, assuming a child enrollment for plans with family tiered rates.

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 bases used to perform the allocation and demonstrate that the allocation meets the standards set forth in 45 *Code of Federal Regulations* 156.470(d):

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