

Stand-Alone Dental Plans - 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 premium allocable to the pediatric dental essential health benefit, 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)