

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Review Standards for

Small Business Health Options Program (SHOP) and NYSOH-Certified Small Group Stand-Alone Dental Insurance

As of 4/15/16

Instructions for SERFF Checklist:

- A. For **ALL** filings, the “General Requirements for All Filings” section must be completed:
- B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:
- Policy or Contract Form– Also complete all sections.
 - Application – Also complete the section entitled “Application Forms.”
 - Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.
- C. For filing of initial rates, complete the section entitled “Actuarial Section For New Product Rate Filings Only” in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the “Actuarial Section for Existing Product Rate Filings Only” section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the “Actuarial Section for Existing Product Rate Filings Only” section.
- D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing.
- E. Do not make any changes or revisions to this checklist.
- F. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State’s website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled “ISC”.

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SHOP and NYSOH-Certified Small Group Stand-Alone Dental Checklist

LINE OF BUSINESS: **Group Health – Dental**

TOI

LINE(S) OF INSURANCE

CODES

H10G

Health Dental

H10G.001 Health – Pediatric Dental

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	<i>Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions</i>	<p><i>Stand-alone dental plans are an excepted benefit under the Affordable Care Act, 42 U.S.C. §300gg-91 and are generally treated by the Department as limited benefits health insurance under 11 NYCRR 52.10. Certain provisions of the Affordable Care Act apply to the pediatric dental essential health benefit and are indicated in the checklist.</i></p> <p><i>This checklist is intended to provide guidance in the preparation of policy forms for submission and is not intended as a substitute for statute or regulation.</i></p>	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement	§4306(d) and (e) §3201(b)(1) and (c) §3204	<p>This submission contains a complete policy or contract form. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>No statement by the individual in his application for a policy or contract shall avoid the contract or be used in legal proceedings thereunder, unless such application or an exact copy thereof is included in or attached to such policy or contract form.</p> <p>No agent or representative of such corporation and no broker, other than an officer or officers designated therein, is authorized to change the contract or waive any of its provisions.</p> <p>If this submission contains insert pages, riders or endorsements, then the policy or contract form in its entirety complies with all the statutory and regulatory provisions stated below. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Discrimination	§ 2606 , § 2607 , § 2608 & § 2612	This form does not contain any unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, marital status or status as a victim of domestic violence.	
Flesch Score	§ 3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: <ul style="list-style-type: none"> • This form contains no strikeouts. § 52.31(b) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. § 52.31(d) • This form is submitted in the form intended for actual use. § 52.31(e) • All blank spaces are filled in with hypothetical data. § 52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. § 52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as “will conform to law” or “as requested by policyholder” to describe the variable material. § 52.31(l) • All policy or contract forms must be placed on the Form Schedule tab in SERFF. 	
Group Status and Recognition	§ 4235 § 3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that a policy or contract forms will only be sold to a small group specified in Insurance Law § 4235(c)(1)(A).	
SERFF Filing Description or Letter of Submission	11 NYCRR 52.33 Circular Letter No. 33 (1999)	The filing must include a SERFF filing description or a letter of submission that contains the following: <ul style="list-style-type: none"> • The identifying form number of each form submitted. § 52.33(a) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that 	

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	Supplement 1 to CL No. 33 (1999)	the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e)	
Statement of ERISA Rights Is the insurer providing document as the plan administrator or for the plan administrator? Yes <input type="checkbox"/> No <input type="checkbox"/>	29 CFR § 2520.104b-2 29 CFR § 2520.102-3(t)	Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.	
APPLICATION FORMS		<i>Coverage offered inside the New York State of Health (NYSOH) must use the application provided by the NYSOH.</i>	Form/Page/ Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Fraud Warning Statement	§ 403(d) 11 NYCRR 86.4	All applications must contain the prescribed fraud warning statement. The fraud warning statement must be printed directly above the signature line and printed in such a way that is conspicuous to the insured.	
Prohibited Questions and Provisions	§ 3204 11 NYCRR 52.51	The application does NOT contain: <ul style="list-style-type: none"> • Questions about the applicant’s race. • A provision that changes the terms of the policy to which it is attached. • A statement that the applicant has not withheld any information or concealed any facts. • An agreement that an untrue or false answer material to the risk will render the policy void. • An agreement that acceptance of any policy or contract form issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to § 3204(d). 	
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/ Para Reference
COVER PAGE Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language		
Insurer name		This policy or contract form contains the name and full address of the issuing insurer on the front or back cover.	

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<p>Disclosure Statement</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.54, 52.59</p> <p>Model Language</p>	<p>The certificate contains the following disclosure statement: “The insurance evidenced by this [Certificate; Contract; Policy] provides DENTAL insurance ONLY.”</p>	
<p>Signature of Company Officer</p>		<p>The signature of company officer(s) appears prominently on the policy or contract form (such as on the cover page).</p>	
<p>Table of Contents</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217</p> <p>Model Language</p>	<p>A table of contents is required.</p>	
<p>DEFINITIONS</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217</p> <p>Model Language</p>	<p><i>Definitions included in the policy or contract form must comply with the Model Language. For a complete listing of the required definitions click on the adjacent Model Language link.</i></p>	<p>Form/Page/ Para Reference</p>
<p>HOW THIS COVERAGE WORKS</p>			<p>Form/Page/ Para Reference</p>
<p>Selecting a Primary Care Dentist</p>			
<p>Selecting, Accessing and Changing Participating Providers</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-a(a)(9) § 3217-a(a)(10) § 4324(a)(9), (10)</p> <p>Model Language</p>	<p>Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.</p>	
<p>Designation of Primary Care Dentist (PCD)</p> <p>Does this product require a PCP to be designated? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-e § 4306-d</p> <p>Model Language</p>	<p>If this policy or contract form requires the designation of a primary care dentist (“PCD”), this policy or contract form permits an insured to designate any participating PCD who is available to accept the insured.</p>	

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Preauthorization			
Preauthorization Requirements Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-a(a)(2) § 3238 § 4324(a)(2) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or \$500.00, whichever is less, is permissible. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for in-network services.	
Medical Necessity			
Definition of Medical Necessity Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-a(a)(1) § 4324(a)(1) Model Language	This policy or contract form includes a definition of “medical necessity” used in determining whether benefits will be covered.	
Contact Information Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(16) §4324(a)(16) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	
ACCESS TO CARE AND TRANSITIONAL CARE			Form/Page/Para Reference
Referral to Non-Participating Providers Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-a(a)(11) § 4324(a)(11) § 4801(c) § 4804(a) Model Language	If this policy or contract form is a managed care product, as defined in Insurance Law §4801(c), such as a gatekeeper insurance product, it must describe how an insured may obtain a referral or authorization to a dental care provider outside of the insurer’s network when the insurer does not have a dental care provider with appropriate training and experience in the network to meet the dental care needs of the insured and the procedure by which the insured can obtain such referral or authorization.	
Specialty Care Provider as PCD Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-a(a)(13) § 3217-d(b) § 4324(a)(13) § 4306-c(b) § 4801(c) § 4804(b) Model Language	If this policy or contract form is a managed care product, as defined in Insurance Law §4801(c), such as a gatekeeper insurance product, and it requires (i) the designation of a PCD, and (ii) that specialty care must be provided pursuant to a referral from a PCD, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized dental care over a prolonged period of time, is permitted to request that a specialist be designated as their PCD to provide or coordinate the insured’s dental care and describe the procedure for requesting and obtaining a specialist as a PCD.	
Standing Referrals Model Language Used?	§ 3217-a(a)(12) § 3217-d(b) § 4324(a)(12)	If this policy or contract form is a managed care product, as defined in Insurance Law §4801(c), such as a gatekeeper insurance product, and it requires (i) the designation of a PCD, and (ii) that specialty care must be provided pursuant to a referral from a PCD, it	

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Yes <input type="checkbox"/> No <input type="checkbox"/> 	§ 4306-c(b) § 4801(c) § 4804(c) Model Language	must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe the procedure for requesting and obtaining such a standing referral.	
Transitional Care When A Provider Leaves the Network Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-d(c) § 4306-c(c) § 4801(c) § 4804(e) Model Language	If this policy or contract form is a managed care product, as defined in Insurance Law §4801(c), such as a gatekeeper insurance product, and an insured is in an ongoing course of treatment when a provider leaves the network, the policy or contract form must describe how an insured may continue to receive ongoing treatment from the former participating provider for up to 90 days from the date the provider’s contractual obligation to provide services was terminated.	
Transitional Care For A New Member in a Course of Treatment Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-d(c) § 4306-c(c) § 4801(c) § 4804(f) Model Language	If this policy or contract form is a managed care product, as defined in Insurance Law §4801(c), such as a gatekeeper insurance product, and an insured is in an ongoing course of treatment with a non-participating provider when the insured’s coverage becomes effective for a life-threatening disease or condition or a degenerative and disabling condition or disease, the policy or contract form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to 60 days from the effective date of the insured’s coverage.	
COST-SHARING EXPENSES AND ALLOWED AMOUNT			Form/Page/ Para Reference
Cost of Service Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3201(c)(3) 11 NYCRR 52.1(c) Model Language	If the cost of the service is less than the copayment for the service, the patient is responsible for the lesser amount.	
Maximum Out-of-Pocket Limit for Pediatric Essential Health Benefit Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	45 CFR §156.150 Model Language	For 2017, there must be an in-network out-of-pocket limit on the pediatric dental essential health benefit of \$350 (or less) for one (1) member under age 19 and \$700 (or less) for two (2) or more members under age 19.	
Non-Participating Providers and Non-	§ 3217-a(a)(6) § 4324(a)(6)	This policy or contract form includes a description of the insured’s financial responsibility for payment when services are provided by a dental care provider who is not part of the	

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Authorized Services Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	insurer's network of providers or by any provider without the required authorization or when a procedure, treatment or service is not a covered dental care benefit.	
Reimbursement of Providers Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3217-a(a)(4) § 4324(a)(4) Model Language	This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.	
WHO IS COVERED			Form/Page/ Para Reference
Spouse Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 4235(f)(1)(A) § 4305(c)(1) Circular Letter No. 27 (2008) Model Language	For spouse and/or family coverage, this policy or contract form provides coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes marriages between same-sex partners.	
Dependents Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 4235(f)(1)(A) § 4305(c)(1) § 3221(a)(7) Model Language	For parent and child/children and/or family coverage, this policy or contract form provides coverage of children until age 19. <i>Note: Pursuant to §2608-a of the Insurance Law, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.</i>	
Unmarried Students on Medical Leave of Absence Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3237 § 4306-a Model Language	For parent and child/children and/or family coverage, coverage for dependent children who are full-time students to a higher age than other dependent children, shall have coverage continue when such dependent takes a medical leave of absence from school due to illness for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.	
Unmarried Disabled Children Model Language Used?	§ 4235(f)(1)(A)(ii) § 4305 (c)(1) Model Language	For parent and child/children and/or family coverage, this policy or contract form provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the Mental Hygiene Law, or physical handicap, and who became	

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<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		<p>so incapable prior to attainment of the age at which dependent coverage would otherwise terminate.</p> <p><i>Note: Such coverage shall not terminate while the coverage remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.</i></p>	
<p>Newborn Infants</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 4235(f)(2) § 4305 (c)(1) 45 C.F.R. § 155.420 45 C.F.R. § 155.725</p> <p>Model Language</p>	<p>For parent and child/children and/or family coverage, this policy or contract form provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to § 115-c of the Domestic Relations Law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked. Coverage shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care.</p> <p><i>Note: In the case of individual or individual and spouse coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.</i></p>	
<p>Adopted Children and Step-Children</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.18(e)(2); (3) § 4305(c)(1)</p> <p>Model Language</p>	<p>For parent and child/children and/or family coverage, this policy or contract form provides that adopted children and stepchildren are eligible for coverage on the same basis as natural children. Further, a policy or contract form covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.</p>	
<p>Domestic Partners</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 4235(f)(1)(A) § 4305(c)(1)</p> <p>OGC Opinion 01-11-23</p> <p>Model Language</p>	<p>This policy or contract form may cover domestic partners, who are financially interdependent on the employee, but such coverage is not required.</p> <p>If such coverage is provided, the policy or contract form should require the applicant to provide the following:</p> <ul style="list-style-type: none"> • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six (6) months; • Proof of cohabitation; and 	

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		<ul style="list-style-type: none"> • Proof of financial interdependency by evidence of two (2) or more of the following: joint bank account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner’s bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other’s life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners’ financial interdependence; or other items of sufficient proof to establish economic interdependency under the circumstances of the particular case. 	
New Employees	§ 3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	
Enrollment Periods Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.70(e)(3) 45 C.F.R. § 155.410 45 C.F.R. § 155.420 Model Language	This policy or contract form must provide for enrollment periods and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	
DENTAL CARE		<i>The pediatric dental care benefit essential health benefit must be included in the policy or contract. The other benefits listed are optional.</i>	Form/Page/ Para Reference
Pediatric Dental Care Essential Health Benefit Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	45 CFR § 156.150 45 CFR § 155.1065 Model Language	<p>This policy or contract form provides coverage for the pediatric dental care essential health benefit including the following dental care services for members up to age 19: emergency dental care; preventive dental care; routine dental care; endodontics; periodontics prosthodontics; oral surgery and orthodontics used to help restore oral structures to health and function and to treat serious medical conditions.</p> <p>If the policy or contract form includes additional pediatric dental care beyond the essential health benefit requirement, please provide an explanation of coverage in the box below.</p> <p>Such coverage may be subject to deductibles, copayments and/or coinsurance.</p>	
<u>Additional Pediatric Dental Benefit explanation:</u>			

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Adult Dental Care		This policy or contract form may provide coverage for adult dental care. If providing coverage for adult dental care, please provide an explanation of coverage in box below.	
<u>Adult Dental Benefit explanation:</u>			
PERMISSIBLE EXCLUSIONS AND LIMITATIONS		<i>No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition with the exception of the following exclusions.</i> <i>The following exclusions are permissible. A plan does not need to include all of the exclusions. However, if an exclusion is included the language below must be used.</i>	Form/Page/ Para Reference
Aviation Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	
Convalescent and Custodial Care Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(11) Model Language	This policy or contract form excludes coverage of services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered services determined to be medically necessary.	
Cosmetic Services Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(5) Model Language	This policy or contract form excludes coverage for cosmetic services or surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.	
Coverage Outside of the United States, Canada or Mexico Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(12) Model Language	This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico.	
Experimental or Investigational Treatment	§ 4303(z) Article 49	This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However,	

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<p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an external appeal agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for the insured to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.</p>	
<p>Felony Participation Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(4)(i) Model Language</p>	<p>This policy or contract form excludes coverage for any illness, treatment or medical condition due to the insured's participation in a felony, riot or insurrection.</p>	
<p>Foot Care Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(6) Model Language</p>	<p>This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.</p>	
<p>Government Facility Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8) Model Language</p>	<p>This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.</p>	
<p>Medical Services Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>This policy or contract form excludes coverage for medical or dental services that are medical in nature, including any hospital or prescription drug charges.</p>	
<p>Medically Necessary Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3201(c)(3) Article 49 Model Language</p>	<p>This policy or contract form generally excludes coverage for any dental service, procedure, treatment, or device that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an external appeal agent certified by the State.</p> <p>Any denial of coverage should be treated as a medical necessity denial unless the denial is based on a benefit limit that is described in the policy or contract form.</p>	
<p>Medicare or Other Governmental Program Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8) Model Language</p>	<p>This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).</p>	

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<p>Military Service</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(4)(i)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the armed forces or auxiliary units.</p>	
<p>No-Fault Automobile Insurance</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.</p>	
<p>Pre-Existing Condition Exclusion</p>	<p>§ 3232 § 4318</p> <p>11 NYCRR 52.17(a)(27), (28)</p>	<p>This policy or contract form excludes conditions for which medical advice was given, treatment was recommended or received from a physician within 6 months before the enrollment date.</p> <ul style="list-style-type: none"> • Coverage cannot be excluded, limited or reduced for a loss due to a pre-existing condition for a period greater than 12 months following the enrollment date. • When the contract or policy is issued to an individual aged 65 or older, this is reduced to a period no greater than 6 months following the enrollment date. • The 12 month exclusionary period must be shortened by the time the insured was covered under creditable coverage if the insured was enrolled in the prior coverage within 63 days prior to enrolling in this coverage. • Genetic information shall not be considered a pre-existing condition in the absence of a diagnosis of the condition related to such information. <p><i>Note: Waiting periods of benefits are viewed as pre-existing exclusions. Waiting periods for benefits or “phase in” of full benefits cannot be longer than 1 year.</i></p> <p>NOTE: A PRE-EXISTING CONDITION EXCLUSION MAY NOT APPLY TO THE PEDIATRIC DENTAL ESSENTIAL HEALTH BENEFIT.</p>	
<p>Services not Listed</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3201(c)(3)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services that are not listed in the policy form as being covered.</p>	
<p>Services Provided by a Family Member</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services performed by a member of the insured’s immediate family. “Immediate family” shall mean a child, spouse, mother, father, sister, or brother of the insured or the insured’s spouse.</p>	

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<p>Services Separately Billed by Hospital Employees</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.</p>	
<p>Services With No Charge</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services for which no charge is normally made.</p>	
<p>Temporomandibular Joint Dysfunction (TMJ)</p>	<p>OGC Opinions 92-49 & 06-08-08</p>	<p>This policy or contract form excludes coverage for treatment of temporomandibular joint dysfunction (TMJ) when it is medical in nature.</p> <p><i>Note: This policy or contract form may not exclude the treatment of TMJ that is dental in nature, unless a medical necessity determination is made and the insured receives all utilization review and external appeal rights under Article 49.</i></p>	
<p>Vision Services</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(10)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for the examination or fitting of eyeglasses or contact lenses.</p>	
<p>War</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(4)(i)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for an illness, treatment or medical condition due to war, declared or undeclared.</p>	
<p>Workers' Compensation</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.</p>	
<p>CLAIM DETERMINATIONS</p>			<p>Form/Page/ Para Reference</p>
<p>Notice of Claim</p>	<p>§ 3221(a)(8)</p>	<p>The policy or contract form provides that the insured has to provide the insurer with</p>	

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<p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>written notice of claim as applicable. A claim may be submitted electronically. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.</p>	
<p>Submission of Claim Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(a)(9) § 4305(m) Model Language</p>	<p>The policy or contract form must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.</p>	
<p>GRIEVANCE, UTILIZATION REVIEW & EXTERNAL APPEAL</p>			<p>Form/Page/ Para Reference</p>
<p>Grievance Procedure Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 4801(c) § 4802 29 CFR 2560.503-1 Model Language</p>	<p>This policy or contract form contains a grievance procedure consistent with the Federal Department of Labor Claims Payment Regulation. If this policy or contract form is a managed care product, as defined by Insurance Law §4801(c), such as a gatekeeper insurance product, the grievance procedure must also be consistent with Insurance Law §4802.</p>	
<p>Utilization Review Policies and Procedures Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-a(a)(3) § 4324(a)(3) Article 49 42 USC §300gg-19 29 CFR 2560.503-1 45 CFR §147.136 Model Language</p>	<p>This policy or contract form includes a description of the utilization review policies and procedures, including:</p> <ul style="list-style-type: none"> • The circumstances under which utilization review will be undertaken; • The toll-free telephone number, the hours available and the availability of an after-hours answering service of the utilization review agent; • The timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • The right to reconsideration; • The right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • The right to designate a representative; • A notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • A notice of the right to an external appeal, together with a description, jointly promulgated by the Commissioner of Health and the Superintendent, of the external appeal process and the timeframes for such appeals; and • Further appeal rights, if any. 	

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		<i>Note: If this policy has a provision which states that the insurer will review certain services before they are performed and, if determined by the insurer, will pay benefits for a lower cost alternative service, then the denial of the requested service is treated as an adverse determination subject to internal and external appeal rights contained in Article 49 of the Insurance Law.</i>	
<p>External Appeal Procedures</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 4801(c) Article 49 45 CFR § 147.136 42 USC § 300gg-19</p> <p>Model Language</p>	<p>This policy or contract form includes a description of the external appeal procedures, including:</p> <ul style="list-style-type: none"> • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued, including a service denied as: <ul style="list-style-type: none"> ○ not medically necessary; ○ experimental/investigational, including clinical trials and treatment for rare diseases; ○ for a managed care product, as defined by Insurance Law §4801(c), such as a gatekeeper insurance product, an out-of-network denial when the service is not available in-network and the insurer recommends an alternate treatment); ○ for a managed care product, as defined by Insurance Law §4801(c), such as a gatekeeper insurance product, an out-of-network referral denial on the basis that the insurer has a health care provider in-network with appropriate training and experience to meet the particular health care needs of the insured, and who is able to provide the service; and ○ formulary exception denials. • The timeframe for submitting an external appeal. 	
<p>COORDINATION OF BENEFITS</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.23</p> <p>Model Language</p>	<p>If the policy or contract form contains a coordination of benefits provision, then it must comply with 11 NYCRR §52.23.</p>	
<p>TERMINATION OF COVERAGE</p>		<p><i>The following are the only termination provisions permissible under the Insurance Law.</i></p>	<p>Form/Page/ Para Reference</p>
<p>Termination for Failure to Pay Premiums</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(p)(2)(A) § 4305(j)(2)(A)</p> <p>Model Language</p>	<p>This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions within 30 days of when premiums are due in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.</p>	

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<p>Termination upon Death of Subscriber</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.</p>	
<p>Termination for Spouses in Cases of Divorce</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>This policy or contract form provides that in cases of divorce, coverage for the spouse shall terminate as of the date of the divorce.</p>	
<p>Termination by Subscriber</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.</p>	
<p>Termination for Fraud</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(p)(2)(B) § 4305(j)(2)(B) § 3105</p> <p>Model Language</p>	<p>This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or a subscriber has performed an act or practice that constitutes fraud or made a misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.</p>	
<p>Rescission</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3105 §3204 42 USC §300gg-12 45 CFR §147.128</p> <p>Model Language</p>	<p>No misrepresentation shall avoid coverage or defeat any recovery thereunder unless the insured makes a misrepresentation that is material. This policy or contract form may include a provision that in the event a subscriber makes a misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage.</p>	
<p>Discontinuation of a Class of Coverage</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(p)(2)(D); § 3221(p)(3)(A) § 4305(j)(2)(D) § 4305(j)(3)(A)</p> <p>Model Language</p>	<p>This policy or contract form includes a provision permitting the insurer to discontinue this class of policy or contract upon written notice to each group, participant, and beneficiary not less than 30 days prior to the date of discontinuance.</p>	
<p>Termination for Failure to Comply With a Material Plan Provision</p> <p>Model Language Used?</p>	<p>§ 3221(p)(2)(C) § 4305(j)(2)(C)</p> <p>Model Language</p>	<p>This policy or contract form includes a provision permitting the insurer to terminate coverage if the group has failed to comply with a material plan provision relating to employer contribution or group participation rules, as permitted in §4235.</p>	

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Yes <input type="checkbox"/> No <input type="checkbox"/>			
Termination for Failure to Meet Requirements of Group Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3221(p)(2)(E); § 4235(c)(1) § 4305(j)(2)(E) Model Language	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group ceases to meet the requirements of a group under §4235. Coverage terminated pursuant to this provision shall be done uniformly without regard to any health status factor relating to any individual.	
Termination if there are No Longer Insureds in the Insurer's Service Area Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3221(p)(2)(F) § 4305(j)(2)(F) Model Language	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	
Renewal	§ 3221(p) § 3221(a)(5) § 4305(j) 11 NYCRR 52.18(c) Model Language	This policy or contract provides that except as specified in §3221(p), or §4305(j) the insurer must renew or continue in force such coverage at the option of the group. The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	
Premiums	§ 3221(a)(4)	The policy or contract form must provide that premiums are to be paid to the insurer by the employer or such other person designated, by the due date, with a grace period as specified.	
LOSS OF COVERAGE			
Extension of Benefits Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§ 3201(c) 11 NYCRR 52.18(b)(4); (5); and (6) Model Language	The policy or contract form must provide that upon termination of insurance, whether due to termination of employment, termination of eligibility, or termination of the policy, an extension of benefits shall be provided for a period of no less than 30 days for completion of a dental procedure that was started before the covered person's coverage ended.	

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<p>Continuation Coverage</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>COBRA, Title X of Public Law 99-272</p> <p>Model Language</p>	<p>If the policy or contract form is subject to COBRA, then it must include a provision regarding continuation coverage in accordance with COBRA. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group policyholder.</p> <p>The continuation benefits terminate:</p> <ul style="list-style-type: none"> • 18 months after the date the employee or member’s benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person’s benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage for individuals in a group which does not contain any exclusion or limitation with respect to any pre-existing condition. • The end of the period for which premiums were made if the employee or member fails to make timely payment. 	
<p>Continuation of Coverage for Service in the Uniformed Services</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>USERRA (38 USC § 4317)</p>	<p>If the policy or contract form is subject to USERRA, then it must include a provision regarding the temporary continuation of coverage in accordance with USERRA.</p> <p>The temporary continuation benefits terminate upon the earlier of 24 months from when the absence begins or the day after the date on which the employee or member fails to apply for or return to a position of employment.</p> <p>Provided the employee or member serves more than 31 days the group can charge up to 102% of the group premium for the continued coverage.</p> <p>No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.</p>	
<p>GENERAL PROVISIONS</p>			

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<p>Assignment</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>The policy or contract form should state whether or not assignment of benefits is permitted.</p>	
<p>Incontestability</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(a)(1) Model Language</p>	<p>The policy or contract form must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.</p>	
<p>Who May Change This Contract or Policy</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(a)(2) Model Language</p>	<p>The policy or contract form must provide that no agent has the authority to change the policy or contract or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy, or by amendment to the policy signed by the group and insurer.</p>	
<p>Action in Law or Equity</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3221(a)(14) Model Language</p>	<p>The policy or contract form must provide that no action in law or equity shall be brought to recover on the policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought after the expiration of two (2) years following the time such proof of loss is required by the policy or contract.</p>	
<p>Subrogation</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a) Model Language</p>	<p>Although not required, if a subrogation provision is included in this policy or contract form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).</p>	
<p>Unilateral Modification</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.18(a)(8) Model Language</p>	<p>Unilateral modifications by an insurer to an existing policy or contract form must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.</p>	

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<p>Non-English Speaking Insureds</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-a(a)(15) § 4324(a)(15)</p> <p>Model Language</p>	<p>This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.</p>	
<p>SCHEDULE OF BENEFITS</p>		<p>This policy or contract form must contain a Schedule of Benefits. All services subject to Preauthorization and/or referral requirements must be clearly indicated in the Schedule of Benefits.</p>	
<p>Prohibition on Lifetime Dollar Limits</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-f 42 USC §300gg-11 45 CFR §147.126</p> <p>Model Language</p>	<p>The policy or contract form may not include a lifetime limit on the pediatric dental benefit essential health benefit.</p>	
<p>Limitations on Annual Dollar Limits</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-f § 4306-e 42 USC § 300gg-11 45 CFR § 147.126</p> <p>Model Language</p>	<p>The policy or contract form may not impose “restricted” annual dollar limits on the pediatric dental benefit essential health benefit.</p>	
<p>Insured’s Financial Responsibility for Payment</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217-a(a)(5) § 4324(a)(5)</p> <p>11 NYCRR 52.1(c)</p> <p>Model Language</p>	<p>This policy or contract form includes a description of the insured’s financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured’s financial responsibility, caps on payments for covered services and financial responsibility for non-covered dental care procedures, treatment or services.</p> <p>Coinsurance values imposed on an insured should not exceed 50%.</p>	
<p>ADDITIONAL COVERAGE</p>			<p>Form/Page/ Para Reference</p>
<p>Out-of-Network Coverage</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>If out-of-network coverage has been selected, this policy or contract form provides benefits for covered services that are received from out-of-network providers and have not been approved by the insurer to be covered on an in-network basis.</p>	

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		<i>Note: The Department will not approve more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.</i>	
PROVIDER NETWORKS	§ 3241(a)	<p>The NYSOH reviews provider networks used with plans offered inside the NYSOH and the Department of Financial Services reviews provider networks used with NYSOH-certified plans offered outside the NYSOH.</p> <p>A network adequacy submission must be made to the Department of Financial Services for NYSOH-certified plans offered outside the NYSOH. Provide the state tracking number of the network adequacy filing: _____.</p> <p>See the Department of Financial Services’ website for additional guidance relating to the submission of networks for NYSOH-certified coverage offered outside the NYSOH.</p>	Form/Page/ Para Reference
ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY		<p>PLEASE NOTE: An updated set of instructions “Checklist for the Submission of 2017 Premium Rates for Stand Alone Dental” will be posted on the Department website and on SERFF.</p> <p><i>Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (select one)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>The submission contains only application forms, disclosure statements, and/or advertising, OR</i> <input type="checkbox"/> <i>The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR</i> <input type="checkbox"/> <i>The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.</i> <p><i>For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.</i></p>	Form/Page/ Para Reference
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ol style="list-style-type: none"> a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	§ 3221 11 NYCRR 52.40(e) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ol style="list-style-type: none"> a. Actuarial justification for the use of claim costs and other assumptions. b. Non-claim expense components as a percentage of gross premium. c. Expected loss ratio(s). 	
Loss Ratios	11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	Expected loss ratio(s) – with actuarial justification	

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Reserve Basis	11 NYCRR 94	Description of bases for unpaid claim liabilities and extra reserves (if any).	
Actuarial Certification	11 NYCRR 52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans” as adopted by the Actuarial Standards Board. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification	11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	The expected loss ratio is: 	
GROUP RATE MANUAL	11 NYCRR 52.40(e)(2) 11 NYCRR 52.40(e)(3) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Expected loss ratio(s). 	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		<p><i>Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.</i></p> <p><i>(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)</i></p>	
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	11 NYCRR 52.40(e) 11 NYCRR 52.45(f)	<ul style="list-style-type: none"> a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. 	

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	11 NYCRR 59.5(b)	<ul style="list-style-type: none"> b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: <ul style="list-style-type: none"> (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes. 	
Actuarial Certification	11 NYCRR 52.40(a)(1)	<ul style="list-style-type: none"> a. The filing is in compliance with all applicable laws and regulations of the State of New York. b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is: 	
REVISED RATE MANUAL PAGES	11 NYCRR 52.40(e)(2) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Expected loss ratio(s). 	