

**ISSUER INFORMATION**

|   |  |
|---|--|
| Company Name<br>(Name in Nevada Company is Licensed under): |  |
| NAIC Company Number:  |  |
| Company Address:  |  |
| Contact Person for Filing:                                  |  |
| Contact Person for filing address:                          |  |
| Contact Person for filing telephone number:                 |  |
| Contact Person for filing email:                            |  |
| <input type="checkbox"/> Qualified Dental Plan              |  |

**SILVER STATE HEALTH INSURANCE EXCHANGE CERTIFICATION**

| <b>ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE</b> |     |  |                        |                                 |                            |                           |
|--|-----|--|------------------------|---------------------------------|----------------------------|---------------------------|
|  |     | <b>Issuer Requirements</b>   | <b>Federal Source</b>  | <b>SERFF-supported function</b> | <b>SERFF data collecti</b> | <b>Notes</b>              |
| <input type="checkbox"/>   | 1   | <i>I - ENROLLMENT PROCESS FOR QUALIFIED INDIVIDUALS</i>  |                        |                                 |                            |                           |
|  | 1.1 | <input type="checkbox"/> Enrolls a qualified individual when Exchange notifies the issuer that the individual is a qualified individual and transmits information to the issuer. | 45 CFR §156.265 (b)(1) |                                 | X                          | Confirm by Issuer Testing |
|  | 1.2 | <input type="checkbox"/> Accepts enrollment information consistent with the privacy and security requirements established by the Exchange.                                       | 45 CFR §156.265(c)     |                                 | X                          | Confirm by Issuer Testing |
|  | 1.3 | <input type="checkbox"/> Uses the premium payment process established by the Exchange.   | 45 CFR §156.265(d)     |                                 | X                          | Confirm by Issuer Testing |

Qualified Dental Plan Certification Checklist  
 May 10, 2022

Issuer Name: \_\_\_\_\_  
 NAIC Number: \_\_\_\_\_

|     |  |   |  |   |                           |
|-----|--|---|--|---|---------------------------|
| 1.4 | <input type="checkbox"/> Provide new enrollees an enrollment information package that is compliant with accessibility and readability standards. | 45 CFR §156.265(e)                        |  | X | Confirm by Issuer Testing |
| 1.5 | <input type="checkbox"/> Reconciles enrollment files with HHS and the Exchange no less than once a month.  | 45 CFR §156.265(f);<br>45 CFR §155.400(d) |  | X | Confirm by Issuer Testing |
| 1.6 | <input type="checkbox"/> Acknowledges receipt of enrollment information transmitted from the Exchange in accordance with Exchange standards.     | 45 CFR §156.265(g)                        |  | X | Confirm by Issuer Testing |

**NEVADA DIVISION OF INSURANCE CERTIFICATION**

| <b>ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE</b> |     |   |                                     |                                 |                              |                             |
|--|-----|---|-------------------------------------|---------------------------------|------------------------------|-----------------------------|
|  |     | <b>Issuer Requirements</b>  | <b>Federal Source</b>               | <b>SERFF-supported function</b> | <b>SERFF data collection</b> | <b>Notes</b>                |
| <input type="checkbox"/>   | 2   | <i>II - LICENSED AND IN GOOD STANDING</i>   | 45 CFR § 156.200(b)(4);<br>NRS 680A |                                 | X                            | DOI verifies                |
|  | 2.1 | <input type="checkbox"/> Is licensed or authorized in NV as:<br><input type="checkbox"/> Domestic<br><input type="checkbox"/> Foreign<br><input type="checkbox"/> Stock<br><input type="checkbox"/> Reciprocal<br><input type="checkbox"/> Mutual<br><input type="checkbox"/> Fraternal Benefit Society<br><input type="checkbox"/> HMO<br><input type="checkbox"/> Non Profit Health Care Plan<br><input type="checkbox"/> {additional licenses available in Nevada} |                                     |                                 | X                            |                             |
|  | 2.2 | <input type="checkbox"/> Authorized by DOI to offer <b>dental</b> insurance   |                                     |                                 | X                            | Confirmed by SSHIX with DOI |
|  | 2.3 | <input type="checkbox"/> Good Standing Verification<br><input type="checkbox"/> Is the applicant out of compliance with any applicable Nevada solvency requirements for the calendar year in which it is applying to offer QDP?<br><input type="checkbox"/> Is the applicant currently under any corrective action related to financial review?   |                                     |                                 | X                            | Confirmed by SSHIX with DOI |
| <input type="checkbox"/>   | 3   | <i>III - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>  |                                     |                                 |                              |                             |

| ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE |     |  |  |                          |                       |  |
|---|-----|--|--|--------------------------|-----------------------|--|
|   |     | Issuer Requirements  | Federal Source                             | SERFF-supported function | SERFF data collection | Notes  |
|   | 3.1 | <input type="checkbox"/> Includes all pediatric dental benefits included in the Nevada Children’s Health Insurance Plan  | 42 USC §18022(b)(J)                        |                          |                       |  |
|   | 3.2 | <input type="checkbox"/> Annual limitation on cost-sharing:<br><input type="checkbox"/> Meets Nevada’s safe harbor rule: at or below <ul style="list-style-type: none"> <li>• \$375 one child</li> <li>• \$750 two or more children</li> </ul> | 45 CFR §156.150(a);<br>42 USC §18022(b)(J) |                          |                       |  |
|   | 3.3 | <input type="checkbox"/> Essential pediatric dental benefits included in all contracts sold on the Exchange, including contracts only to adults  | 42 USC §18031(d)(2)(ii)                    |                          |                       |  |
| <input type="checkbox"/>  | 4   | <i>IV – MARKETING</i>  |  |                          |                       |  |
|   | 4.1 | <input type="checkbox"/> Complies with all NV marketing laws & regulations.  | 45 CFR §156.225(a);<br>NRS 689A.710        | X                        |                       | Confirms by Attestation;<br>follow up on previous complaints                                 |
|   | 4.2 | <input type="checkbox"/> Marketing practices do not discourage the enrollment of individuals with significant health needs.  | 45 CFR §156.225(b)                         | X                        |                       | Confirms by Attestation;<br>DOI reviews benefit designs;<br>follow up on previous complaints |
| <input type="checkbox"/>  | 5   | <i>V - TRANSPARENCY REQUIREMENTS</i>   | 45 CFR §155.1040(a);<br>45 CFR §156.220    |                          |                       |  |

|  |  | Issuer Requirements   | Federal Sources | SERFF-supported function | SERFF data collection | Notes |
|--|--|---|-----------------|--------------------------|-----------------------|-------|
|  |  | <p>An issuer must provide the following information:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Claims payment policies and practices;</li> <li><input type="checkbox"/> Periodic financial disclosures;</li> <li><input type="checkbox"/> Data on enrollment</li> <li><input type="checkbox"/> Data on disenrollment</li> <li><input type="checkbox"/> Data on the number of claims that are denied</li> <li><input type="checkbox"/> Data on rating practices</li> <li><input type="checkbox"/> Information on cost-sharing and payments with respect to any out-of network coverage;</li> <li><input type="checkbox"/> Information on enrollee rights under Title I of the Affordable Care Act</li> </ul> <p>Must submit, in an accurate and timely manner, to be determined by HHS, and in plain language the information described above to the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Commissioner of Insurance</li> <li><input type="checkbox"/> Exchange</li> <li><input type="checkbox"/> HHS</li> <li><input type="checkbox"/> Public</li> </ul> <p>By Signed Attestation:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Data on enrollment;</li> <li><input type="checkbox"/> Data on disenrollment;</li> <li><input type="checkbox"/> Data on the number of claims that are denied.</li> </ul> | 45 CFR §156.220 |                          | X                     |       |

| <b>ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE</b> |     |  |                                     |                                 |                              |  |
|--|-----|--|-------------------------------------|---------------------------------|------------------------------|--|
|  |     | <b>Issuer Requirements</b>   | <b>Federal Source</b>               | <b>SERFF-supported function</b> | <b>SERFF data collection</b> | <b>Notes</b>   |
|  | 5.2 | <input type="checkbox"/> An issuer must make available the amount of enrollee cost sharing under the individual’s plan or coverage with respect to the furnishing of a specific item or service by a participating provider in a timely manner upon the request of the individual.<br><br><input type="checkbox"/> At a minimum, the above information must be made available to such individual through the following:<br><br><input type="checkbox"/> Internet Web site; and<br><input type="checkbox"/> Other means for individuals without access to the Internet. | 45 CFR §156.220(d)                  |                                 | X                            | Verify in Summary Plan Description, Evidence of Coverage, and SERFF. |
|  | 5.3 | <input type="checkbox"/> Provides required notices on internal and external claims appeals in a culturally and linguistically appropriate manner.  | 45 CFR §147.136(e)                  |                                 | X                            | Issuer provides Sample Notice  |
| <input type="checkbox"/>   | 6   | <i>VI - TERMINATION OF COVERAGE OF QUALIFIED INDIVIDUALS</i>   | 45 CFR §155.430;<br>45 CFR §156.270 |                                 |                              |  |

| ISSUER REQUIREMENTS – CERTIFIED BY THE SILVER STATE HEALTH INSURANCE EXCHANGE |   |   |                          |                       |   |
|---|---|---|--------------------------|-----------------------|---|
|   | Issuer Requirements   | Federal Source                            | SERFF-supported function | SERFF data collection | Notes   |
| 6.1   | <input type="checkbox"/> Terminates coverage only if: <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollee is no longer eligible for coverage through the Exchange;</li> <li><input type="checkbox"/> Enrollee’s coverage is rescinded;</li> <li><input type="checkbox"/> QDPs terminated or is decertified;</li> <li><input type="checkbox"/> Enrollee changes coverage:                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> during an annual open enrollment period;</li> <li><input type="checkbox"/> special enrollment period; or</li> <li><input type="checkbox"/> obtains other minimum essential coverage.</li> </ul> </li> <li><input type="checkbox"/> For non-payment of premium only if:                                     <ul style="list-style-type: none"> <li><input type="checkbox"/> Applies termination policy for non-payment of premium uniformly to enrollees in similar circumstances;</li> <li><input type="checkbox"/> Enrollee is delinquent on premium payment;</li> <li><input type="checkbox"/> Provides the enrollee with notice of such payment delinquency; and</li> <li><input type="checkbox"/> Provides a grace period of 3 consecutive months if an enrollee is receiving advance payments of the premium tax credit and has previously paid at least one month’s premium.</li> </ul> </li> </ul> | 45 CFR §155.430(b);<br>45 CFR §156.270    |                          | X                     | Verify in Summary Plan Description and Evidence of Coverage |
| 6.2   | <input type="checkbox"/> Provides reasonable notice of termination of coverage to the Exchange and enrollee (this includes effective date of termination).  | 45 CFR §155.430(d);<br>45 CFR §156.270(b) |                          | X                     | Issuer provides Sample Notice                               |

| PRODUCT LINE REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE |     |  |   |                          |                       |  |
|---|-----|--|---|--------------------------|-----------------------|--|
|   |     | Product Line Requirements  | Federal Source                              | SERFF-supported function | SERFF data collection | Notes  |
|   | 6.3 | <input type="checkbox"/> Maintains records of terminations of coverage for auditing.   | 45 CFR §155.430(c);<br>45 CFR §156.270(h)   |                          | X                     | Issuer provides Attestation  |
| <input type="checkbox"/>  | 7   | <i>VII - QUALITY ASSURANCE PROGRAM</i>   |   |                          |                       |  |
|   | 7.1 | <input type="checkbox"/> Implements and reports on a <u>quality improvement strategy</u> or strategies used to reward quality through the use of market based incentives.  | 45 CFR §156.200 (b)(5);<br>42 CFR §156.1130 |                          | X                     | N/A for QDPs for PY22  |
| <input type="checkbox"/>  | 8   | <i>VIII - NETWORK ADEQUACY REQUIREMENTS</i>  | 45 CFR §155.1050;<br>45 CFR §156.230        |                          |                       | DOI verifies   |
|   | 8.1 | <input type="checkbox"/> Complies with NV network adequacy standards.  | NRS 687B.490;<br>NAC 687B                   |                          | X                     | Issuer provides Attestation  |
|   | 8.2 | <input type="checkbox"/> Has a network for each plan with sufficient number and types of providers to ensure that all services are accessible without unreasonable delay.  | 45 CFR §156.230(a)(2)                       |                          | X                     |  |
|   | 8.3 | <input type="checkbox"/> Has a network with sufficient geographic distribution of providers for each plan.   | 45 CFR §156.230(a)(2);<br>45 CFR §156.235   |                          | X                     |  |
|   | 8.4 | <input type="checkbox"/> Has sufficient number and geographic distribution of essential community providers, where available, to ensure reasonable and timely access to a broad range of such providers for low-income, medically underserved individuals in the service area. | 45 CFR §156.230(a)(1);<br>45 CFR §156.235   |                          | X                     | Applicant must also agree to offer contracts to all available Native American providers and one ECP per type, per county (where available) |



| PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE |      |   |  |                          |                       |   |
|---|------|---|--|--------------------------|-----------------------|---|
|   |      | Plan Requirements   | Federal Source                             | SERFF-supported function | SERFF data collection | Notes   |
| <input type="checkbox"/>                                      | 9    | <i>IX - BENEFIT STANDARDS AND PRODUCT OFFERINGS</i>   |  |                          |                       |   |
|   | 9.1  | <input type="checkbox"/> Covers the Essential Health Benefits Package   | 42 USC §18022                              |                          |                       |   |
|   | 9.2  | <input type="checkbox"/> Non-Discriminatory Benefit Design  | 45 CFR §156.225(b) ;<br>45 CFR §156.125(a) |                          |                       | Plan benefit designs shall not discourage enrollment of individuals with significant health needs is prohibited or discriminate based on an individual's: age, expected length of life, present or expected disability, degree of medical dependency, quality of life or other health conditions. |
|   | 9.3  | <input type="checkbox"/> Makes its provider directory available:<br><input type="checkbox"/> To the Exchange for publication online in accordance with guidance from the Exchange; and<br><input type="checkbox"/> To potential enrollees in hard copy upon request.<br><input type="checkbox"/> Provider directory identifies providers that are not accepting new patients. | 45 CFR §156.230(b)(1)(2)                   |                          | X                     |   |
| <input type="checkbox"/>                                      | 10   | <i>X - RATE FILINGS AND OTHER RATE DISCLOSURE REQUIREMENTS</i>  |  |                          |                       |   |
|   | 10.1 | <input type="checkbox"/> Files rates for prior approval.  | NRS 686B.070;<br>45 CFR §154.220           |                          |                       |   |
|   | 10.2 | <input type="checkbox"/> Plan minimum expected loss ratio of 75% for individual plans   | NRS 686B.125                               |                          |                       |   |

| PLAN REQUIREMENTS – CERTIFIED BY NEVADA DIVISION OF INSURANCE |      |   |  |                          |                       |   |
|---|------|---|--|--------------------------|-----------------------|---|
|   |      | Plan Requirements   | Federal Source   | SERFF-supported function | SERFF data collection | Notes   |
| <input type="checkbox"/>                                      | 11   | <i>XI - APPLICATIONS AND NOTICES</i>  |  |                          |                       |   |
|   | 11.1 | <input type="checkbox"/> Provides to applicants and enrollees all applications and other material: <ul style="list-style-type: none"> <li><input type="checkbox"/> in plain language; and</li> <li><input type="checkbox"/> in a manner that is accessible and timely to:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> individuals living with disabilities, and</li> <li><input type="checkbox"/> to individuals with limited English proficiency through the provision of language services at no cost to the individual.</li> </ul> </li> </ul> | 45 CFR §155.230(b);<br>45 CFR §156.265(e);<br>45 CFR §155.205(c) |                          | X                     | Verify in Summary of Plan Description, Evidence of Coverage, and Sample Termination Notice. All documentation must be available in English and Spanish. |