

Form Filing Review Checklist
INDIVIDUAL STAND-ALONE DENTAL POLICY

NOTE: This checklist was developed as a resource for carriers for product design purposes. This checklist is offered to assist carriers but may be subject to change; accordingly, it is not binding on the Bureau or the federal Department of Health and Human Services. This checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state and federal insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements.

This checklist must be completed in its entirety and submitted with each individual dental product. The failure to submit a completed checklist will result in a delay of the review of the submission, and may result in the rejection of the filing.

Company Name:		
Product Name:		
Plan:		
Review Requirements	Reference	Comments
The section below must be completed for Stand-Alone Dental Plans applying to be Exchange-Certified		
<input type="checkbox"/> Minimum actuarial value <input type="checkbox"/> Must demonstrate that the stand-alone dental plan offers the pediatric dental essential health benefit at either: <input type="checkbox"/> A low level of coverage with an AV of 70 percent; or <input type="checkbox"/> A high level of coverage with an AV of 85 percent; and <input type="checkbox"/> Within a de minimis variation of +/-2 percentage points. <input type="checkbox"/> The level of coverage must be certified by a member of the American Academy of Actuaries using generally accepted actuarial principles.	45 CFR § 156.150(b)	

Review Requirements Checklist
INDIVIDUAL STAND-ALONE DENTAL POLICY

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<i>General Filing Requirements</i>			
	14 VAC 5-100-40 1	Forms submitted and described in transmittal letter must have a number that consists of digits, letters, or a combination of both.	
	14 VAC 5-100-40 3	Certification of Compliance signed by General Counsel or officer of company or attorney or actuary representing company is required.	
	14 VAC 5-100-40 5	Description of market for which the form is intended.	
<i>Additional SERFF Filing Requirements</i>	<i>Administrative Letter 2012-03</i>	<i>Additional SERFF filing requirements must be met as specified below for life and health forms and rate filings. Failure to provide the applicable information may result in a “REJECTED” filing.</i>	
General Information – Filing Description		(i) Description of each form by name, title, edition date, and intended use.	
		(ii) Identification of changes in benefits and premiums (previously approved or filed forms). [Place changed contract provisions (red-lined or highlighted) in Supporting Documentation].	
		(iii) Identification of SERFF or state tracking number for the previously approved or filed form for which the new form revises, replaces, or is intended to be used.	
		(iv) A statement as to whether any other regulatory body has withdrawn approval of the form because the form contains one or more provisions that were deemed to be misleading, deceptive or contrary to public policy.	
<i>Forms</i>			
Form Number	14 VAC 5-100-50 1	Form number must appear in lower left-hand corner of first page of each form.	
Company Name and Address	14 VAC 5-100-50 2	Full and proper corporate name (including “Inc.”) must prominently appear on cover sheet of all policies and other forms. Home office address of insurer must prominently appear on each policy.	
Final Form	14 VAC 5-100-50 3	Form must be submitted in the final form in which it will be issued and completed in “John Doe” fashion to indicate its intended use.	
Application	14 VAC 5-100-50 4	Any form, which is to be issued with an attached application, must be filed with a copy of the application completed in “John Doe” fashion to indicate its intended use. (If application was previously approved, advise date of approval.)	
Type Size	14 VAC 5-100-50 5	Individual Accident and Sickness forms must be printed with type size of at least ten-point.	
Arbitration	§ 38.2-312	Contract may not deprive courts of Virginia jurisdiction in actions against insurer. Arbitration may not be binding.	

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INDIVIDUAL STAND-ALONE DENTAL POLICY

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Fraud Notice	§ 38.2-316 D 1	Title 38.2 of the Insurance Code does not define “Insurance Fraud.” Any notice regarding insurance fraud is in non-compliance with this section of the Code. Variations in a notice warning of consequences of making fraudulent statements are acceptable. The notice may disclose that it does not apply in Virginia or may disclose states where applicable.	
Readability Certification	14 VAC 5-110-60	Readability certification is required.	
Entire Consideration	§ 38.2-3500 A 1	The entire consideration is expressed in the policy.	
Effective-Termination time	§ 38.2-3500 A 2	The time (clock time) the policy becomes effective and terminates is expressed in the policy.	
Payor of Last Resort	§ 38.2-3500 A 7	Every accident and health policy must contain a statement indicating the Department of Medical Assistance Services as the payor of last resort.	
Definition of Eligible Family Members	§ 38.2-3500 C	The definition establishes that eligible dependent children may not be required to live in the household as the policyowner.	
Handicapped Child Coverage	§ 38.2-3409	Upon termination due to age, coverage will be continued for: (1) persons incapable of self-sustaining employment by reason of intellectual disability or physical handicap; and (2) chiefly dependent on the insured for support and maintenance. Additional premium may be charged based upon class of risks.	
Table of Contents	14 VAC 5-110-50	Required for policy of more than 3 pages.	
Renewal Provision	14 VAC 5-140-80 A 1	Required language. First page.	
Notice for Policy	§ 38.2-3502	Required language. First page.	
10-day Free Look	§ 38.2-3502	Required language. First page.	
Policies that Include Issue Ages of 65 or Higher	14 VAC 5-170-150 E 1	Any policy marketed to persons age 65 or older must contain a notice that discloses that the policy is not a Medicare supplement policy or certificate. First page.	
<i>General Policy Provisions</i>			
Contents of Policy	§ 38.2-305 A	Parties to policy names; subject of insurance; risks insured against; time insurance takes effect; statement of the premium.	
Entire Contract	§ 38.2-3503 1	The provision defines the contents of the entire contract.	
Time Limit on Certain Defenses	§ 38.2-3503 2	The provision defines the incontestability period and the preexisting conditions limitations period.	
Grace Period	§ 38.2-3503 3	The provision defines the grace period and length of the various acceptable grace periods.	
Reinstatement	§ 38.2-3503 4		
Notice of Claim	§ 38.2-3503 5		
Claim Forms	§ 38.2-3503 6		
Proof of Loss	§ 38.2-3503 7		
Time Payment of Claims	§ 38.2-3503 8	The provision specifies when benefits will be paid.	
Payment of Claims	§ 38.2-3503 9	The provision specifies to whom benefits will be paid	

Review Requirements Checklist
INDIVIDUAL STAND-ALONE DENTAL POLICY

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Physical Examinations and Autopsy	§ 38.2-3503 10	The provision must specify “while a claim is pending.”	
Legal Actions	§ 38.2-3503 11		
Change of Beneficiary	§ 38.2-3503 12		
Cancellation by Insured	§ 38.2-3503 13	The insured may cancel this policy at any time by written notice to the company. In the event of cancellation, the company shall promptly return the unearned premium of any premium; the earned premium shall be computed pro rata. Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.	
<i>Optional Provisions</i>			
Misstatement of Age/Age Limit	§ 38.2-3504	Link to § 38.2-3513 B	
Other Insurance in this Company	§ 38.2-3504 3		
Insurance with Other Company	§ 38.2-3504 4		
Unpaid Premiums	§ 38.2-3504 7		
Conformity with State Statutes	§ 38.2-3504 9	Must use “resides” language.	
Illegal Occupation	§ 38.2-3504 10		
Intoxicants and Narcotics	§ 38.2-3504 11		
<i>Policy Requirements</i>			
Definitions	14 VAC 5-140-40	Certain terms defined.	
Continuation of Coverage for Spouse/Deceased Insured	14 VAC 5-140-50 A	For guaranteed renewable and noncancellable policies, the spouse of the insured will become the insured in the event of the insured’s death.	
Age and Duration Requirements	14 VAC 5-140-50 C	For guaranteed renewable and noncancellable policies, the age of the younger spouse must be used as the basis for meeting the age and durational requirements of the renewability definitions.	
Military Refund	14 VAC 5-140-50 E	If a policy includes a status type military exclusion, the insurer will provide for refund of the premium, on a pro rata basis, upon receipt of a written notice of military service.	
<i>Prohibited Provisions</i>			
Subrogation	§ 38.2-3405 A	No policy shall contain a provision regarding subrogation of any person’s right to recovery for personal injuries from a third person.	
Liability Insurance	§ 38.2-3405 B	Benefits may not be reduced due to benefits payable due to benefits provided by a liability insurance contract.	
Workers’ Compensation	§ 38.2-3405 D	The statute discusses exceptions to exclusions due to benefits payable under workers’ compensation.	
Authorized Exclusions	14 VAC 5-140-60 F	Permitted exclusions and limitations.	

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INDIVIDUAL STAND-ALONE DENTAL POLICY

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Disclosures			
Preexisting Condition	14 VAC 5-140-80 A 5	If a policy contains a preexisting condition limitation, the limitations must appear in a separate paragraph and labeled as "Preexisting Conditions Limitations."	
Reduction of Benefits Due to Age	14 VAC 5-140-80 A 6	If age is used as a determining factor for reducing the maximum aggregate benefits made available in the policy as originally issued, such fact must be disclosed prominently in the policy.	
Limited Benefit Policy Disclosure	14 VAC 5-140-80 B 14 VAC 5-140-70 H (i)	Required language-cover sheet NOTICE: THIS IS A LIMITED BENEFIT POLICY. IT DOES NOT PROVIDE COVERAGE FOR ANY MEDICAL BENEFITS AND SERVICES. THIS IS AN [EXCHANGE-CERTIFIED]* STAND ALONE DENTAL POLICY THAT PROVIDES COVERAGE FOR CERTAIN DENTAL BENEFITS AND SERVICES ONLY. (This notice shall be in capital letters and no less than 14-point type.) * "Exchange-Certified" may be omitted if not filing to be exchange-certified.	
MCHIP Requirements			
Provider Lists	§ 38.2-5803 A 1	List of providers shall be provided.	
Service Area	§ 38.2-5803 A 2	Description of service area.	
Complaints	§ 38.2-5803 A 3	Description of method of resolving complaints.	
Bureau of Insurance and Department of Health Notice	§ 38.2-5803 A 4	Each EOC shall contain a notice: "This Company is subject to regulation in this Commonwealth by the State Corporation Commission Bureau of Insurance pursuant to Title 38.2 and by the Virginia Department of Health pursuant to Title 32.1."	
Ombudsman Notice	§ 38.2-5803 A 5	A prominent notice in the EOC stating: "If you have any questions regarding an appeal or grievance concerning the health care services that you have been provided which have not been satisfactorily addressed by your plan, you may contact the Office of the Managed Care Ombudsman for assistance." Such notice must also include the toll free telephone number, mailing address and electronic mailing address of the Office of the Managed Care Ombudsman.	
Additional Provisions			
No lifetime limits on the dollar value of Essential Health Benefits (EHB):	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 CFR §155.1065(a)(2); § 38.2-3440	Issuers are not prohibited from using lifetime limits for specific covered benefits that are not EHB.	

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No annual limits on the dollar value of EHB:	PHSA §2711 (75 Fed Reg 37188, 45 CFR §147.126); 45 CFR §155.1065(a)(2); § 38.2-3440	If there are maximum dollar limits, they must not be for benefits within one of the EHB categories.	
The section below must be completed for Stand-Alone Dental Plans applying to be Exchange-Certified			
Provides Essential Health Benefits (Pediatric Dental Services) – Form reviewer: complete EHB form review and EHB Review Process Steps	PHSA §2707	Exchange–certified stand-alone dental plans are required to provide coverage for pediatric dental essential health benefits.	
Special enrollment period	45 CFR §155.420; 45 CFR §156.260	Qualified individuals must be able to enroll in or change plans in the Exchange during special enrollment periods.	
Open enrollment period(s) required	45CFR §155.410; 45 CFR §156.260	Enrollment period for plans inside the Exchange is set by the Exchange. Outside the Exchange, issuers may determine the number and length of open enrollment periods, unless otherwise set according to state law.	
Annual Limitation on Cost Sharing	45 CFR § 156.150(a)	<p>A stand-alone dental plan covering the pediatric dental EHB must demonstrate that it has a reasonable annual limitation on cost-sharing as determined by the Exchange. Such annual limit is calculated without regard to EHBs provided by the QHP and without regard to out-of-network services.</p> <p>For the 2014 coverage year in the FFE, CMS interprets the word “reasonable” to mean any annual limit on cost sharing that is at or below \$700 for a plan with one child enrollee or \$1,400 for a plan with two or more child enrollees.</p>	

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ESSENTIAL HEALTH BENEFITS CATEGORY	BENCHMARK BENEFIT LIMITS	COMMENTS	PAGE NO.
The section below must be completed for Stand-Alone Dental Plans applying to be Exchange Certified	Pediatric services - up to age 19		
A. Preventive and Diagnostic Dental Care			
1. Oral Exams	One routine oral evaluation per 6 months, beginning with the eruption of the first tooth		
2. X-rays			
3. Diagnosis casts			
B. Basic Dental Care			
1. Cleanings	Once every 6 months		
2. Topical Fluoride Treatments	Once every 6 months		
3. Sealants	One per lifetime per tooth		
4. Space maintainers	Once per year		
C. Restorative Dental Care			
1. Fillings	One per tooth per year		
2. Crowns	One per tooth per 5 years		
3. Protective restorations			
4. Veneers	One per tooth per 5 years		
5. Temporary crowns			
D Major Dental Care			
1. Endodontic services	One per tooth per lifetime		
a. Pulp caps, pulpal therapy, and pulpal regeneration			
b. Apicoectomy/periradicular surgery	One per tooth per lifetime		
2. Gingivectomy or gingivoplasty	One per two years per quadrant		
3. Periodontal services	One per two years per quadrant		
a. Scaling and root planning	One per two years per quadrant		
b. Full mouth debridement	One per year		
c. Osseous surgery	One per five years per quadrant		

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d. Provision Splinting			
4. Removable prosthetics			
5. Fixed prosthetics	One per tooth per 5 years		
6. Local anesthesia			
7. Extractions			
E. Orthodontia	Must be medically necessary		