

**2017 ACA COMPLIANCE CHECKLIST – DENTAL EXCHANGE OR EXCHANGE-CERTIFIED PLANS**

Filing Company: \_\_\_\_\_ SERFF Tr. No. \_\_\_\_\_

Please confirm, by checking the appropriate box, the compliance status of the referenced form(s) with each specified ACA requirement.

<b>A. MARKET REFORMS</b>				
<b>Statutory Requirement</b>	<b>ACA/PHSA Section</b>	<b>Product Applicability</b>	<b>Location of Provision in the Form</b>	<b>Certification of Compliance</b>
Elimination of Annual Limits (as to pediatric EHB)	ACA §1001/PHSA §2711	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Elimination of Lifetime Limits (as to pediatric EHB)	ACA §1001/PHSA §2711	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Grandfathered Group <input type="checkbox"/> Grandfathered Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes <input type="checkbox"/> No
Non-Discrimination in Health Care	ACA §1201/PHSA §2706	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventive Health Services (as to pediatric EHB)	ACA §1001/PHSA §2713	<input type="checkbox"/> Group		<input type="checkbox"/> Yes

**A. MARKET REFORMS**

Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
		<input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> No
EHB Package – Pediatric Dental	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes  <input type="checkbox"/> No
Requirements Related to Cost-Sharing (as to pediatric EHB)	ACA §1302; 45 C.F.R. §156.150	<input type="checkbox"/> Group  <input type="checkbox"/> Individual  <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes  <input type="checkbox"/> No
Actuarial Value (as to pediatric EHB)	ACA §1302; 45 CFR §156.150	<input type="checkbox"/> Group  <input type="checkbox"/> Individual  <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes (High and Low Plans)  <input type="checkbox"/> No
Child-Only Plan	ACA §1302(f)	<input type="checkbox"/> Group  <input type="checkbox"/> Individual  <input type="checkbox"/> Transitional		<input type="checkbox"/> Yes  <input type="checkbox"/> No

**B. QHP REQUIREMENTS**

Statutory Requirement	ACA/PHSA Section	Product Availability	Location of Provision in the Form	Certification of Compliance
Marketing Requirements	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Network Adequacy Requirements	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes, Approved on _____ <input type="checkbox"/> No, If review pending, submitted on _____
Essential Community Providers Requirement	ACA §1311(c)(1)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exchange Functions: Certification of Qualified Health Plan Regulations	45 C.F.R. Subtitle A Subchapter B Part 155 Subpart K	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Exchange Health Insurance Issuers Standards Regulations	45 C.F.R. Subtitle A Subchapter B Part 156	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No