

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

Last Updated: 3/28/2024

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.

A. MARKET REFORMS				
Statutory Requirement	ACA/PHSA Section	Product Applicability	Location of Provision in the Form	Certification of Compliance
Elimination of Annual Limits (as to pediatric EHB)	ACA §1001/PHSA §2711	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<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"/> 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"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
EHB Package – Pediatric Dental	ACA §1302	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No
Requirements Related to Cost-Sharing (as to pediatric EHB)	ACA §1302; 45 CFR §156.150	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<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"/> Yes (High & Low) <input type="checkbox"/> No
Child-Only Plan	ACA §1302(f)	<input type="checkbox"/> Group <input type="checkbox"/> Individual		<input type="checkbox"/> Yes <input type="checkbox"/> No

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<b>B. QHP REQUIREMENTS</b>				
Statutory Requirement	ACA/PHSA Section	Product Applicability	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, 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 Regulation	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