Plan Year 2025 (Individual and Small Group) EHB Dental Rate Filing Checklist

## Instructions:

**For each item in Section I, you must provide the response in this document. For each item in Section II, you must provide the rate filing document name, Section number, page number, or Exhibit number of the document that addresses the checklist item.** You must submit only one public rate filingfor all individual essential health benefit (EHB) dental plans and one public rate filing for all small group EHB dental plans. You may request a corresponding proprietary rate filing. For more information, see Washington State SERFF Life, Health and Disability Rate Filing General Instructions.

## Response Information:

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| **General Information** | |
| Issuer Name: |  |
| Applicable Market: | *[Enter Individual EHB Dental or Small Group EHB Dental]* |
| Plan Year: | 2025 |

## Section I: Please provide a response for each item.

1. For each plan, list the plan name, HIOS Plan ID, and the Actuarial Value (AV). Explain whether the plan is a stand-alone pediatric dental plan or stand-alone family dental plan (that includes pediatric dental benefits), and marketed inside the Exchange only, outside the Exchange only or both inside and outside the Exchange.

**Response:**

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| --- | --- | --- | --- | --- |
| **Plan Name** | **HIOS Plan ID** | **Actuarial Value** | **Includes Adult or Family Coverage?** | **Exchange Status** |
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1. Pooling Requirements: Experience must be pooled per WAC 284-43-6100(1). Pediatric dental experience may be pooled separately from adult dental coverage. Explain how experience of the product is pooled for rate development.

**Response:**

1. For plans marketed both inside and outside of the Exchange, the exchange user fee must be spread across the total expected membership. State your membership assumption inside and outside the exchange. If you are marketing only outside the Exchange, state “N/A.”

**Response:**

1. Issuers must set one statewide rate per member per month (PMPM) for a stand-alone pediatric dental EHB plan regardless of the child’s age. State your child rate PMPM and the age limit of a child for the stand-alone pediatric dental EHB plan. The Rate Schedule should not include acronyms that are not properly defined. If you are not marketing any stand-alone pediatric dental plans, state “N/A.”

**Response:**

1. For family dental plans marketed inside the Exchange, due to Exchange functionality restrictions, issuers must set one statewide rate PMPM for a child who qualifies to receive pediatric dental EHB benefits, and one statewide rate PMPM for an adult. State your rate PMPM for child and adult separately, and the age limit of a child for receiving the pediatric dental EHB benefits. If you are not marketing any family plans inside the Exchange, state “N/A.”

**Response:**

1. Indicate that each small group dental plan will only be marketed outside the Exchange. If you are not filing small group EHB dental plans, see SMT – Rates – Ind and SG Dental (Non-SAPD) and Vision Guidance. (Note: The WAHBE Board may certify stand-alone QDPs for plan year 2025 to be offered in the off-Exchange small group market. These plans must include the pediatric dental essential health benefit and must meet all certification criteria applicable to plans offered outside the Exchange.)

**Response:**

1. For each dental plan, describe whether the plan includes additional non-EHBs and the rate impact PMPM for each additional non-EHB. For family dental plans, the adult dental portion of the rate should be included as non-EHBs.

**Response:**

1. For each plan, describe the annual limit on cost-sharing for the pediatric dental benefits and for the adult dental benefits (if applicable). Note that per 45 CFR §155.1065, for a stand-alone dental plan covering the pediatric dental EHB, cost sharing may not exceed $425 for one covered child and $850 for two or more covered children.

**Response:**

1. Confirm that the Washington premium tax is applied to the entire dental plan.

**Response:**

## Section II: For each item listed in this section, provide the rate filing document name, Section number, page number, or Exhibit number of the document that addresses the item. For example: See Section III of the “Actuarial Memorandum” and Exhibit 5 of the “Supporting Documentation” filed in the proprietary rate filing.

1. Summary for Individual and Small Group Contract Filings under WAC 284-43-6660 and data to support WAC 284-43-6660.
2. Contents of Individual and Small Group Filings under WAC 284-43-6100 and data to support WAC 284-43-6100.
3. A copy of the plan summary from the form filing or a summary of the benefits that includes a complete cost sharing requirement for all applicable enrollees.
4. A description of EHB benefit components and the model used for the development of each plan’s AV.
5. If applicable, the documentation and justification of geographic rating area factors, including any changes to factors or rating areas, for adult dental benefits.
6. Documentation of how the projected member months were determined and confirm that each plan in the 2025 filing has a projected enrollment.
7. Using the following table format, provide the calculations of the proposed average rate change for this line of business and break out the average rate change by benefit and by experience. For the 2024 plans that will discontinue in 2025, please apply appropriate mapping of membership for purposes of calculating the average rate increase.

Column Heading of the Table:

* 1. 2024 Plan Names. List all 2024 Plan Names and place each 2024 Plan Name in one row.
  2. 2024 HIOS Plan IDs. List all 2024 Plan IDs and place each 2024 Plan ID in one row.
  3. Renewed or Terminated Plan. List whether the 2024 plan is a renewal plan (based on whether the plan has the same HIOS ID) or terminated plan.
  4. 2024 Enrollment. The enrollment by plan as of March 31, 2024.
  5. 2025 Plan Name. The corresponding 2025 Plan Name mapped from the 2024 Plan.
  6. 2025 Plan ID. The corresponding 2025 Plan ID mapped from the 2024 Plan.
  7. Experience Rate Change by Plan. Experience rate change by plan mapped from the 2024 Plan to the 2025 Plan.
  8. Benefit Rate Change by Plan. Benefit rate change by plan mapped from the 2024 Plan to the 2025 Plan.
  9. Overall Average Rate Change by Plan. This is equal to:

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Please include the total membership and overall average rate change (weighted by March 2024 enrollment) for this line of business as a separate line item.

1. List all material changes in assumptions and methods used in your rate development from those of last year. This list should include all changes in the rating methodology or model, service area, market, cost and utilization trends, and expense loading (e.g., requested profit margin). For each item listed, state where the corresponding justification or supporting documentation is provided in the rate filing.
2. Provide support for the expense loads used in your rate development. The support should identify the source and period of the expense data used.
3. For renewing plans (plans with the same HIOS ID as those of 2024 plan year), experience should be provided with estimated credibility. The credibility model or standards used should be defined. Any changes in the credibility methodology from last year should be identified and justified. Your response should identify the methods used, the exposure units, threshold for full-credibility, and the estimated credibility of the experience. You should provide enough detail to allow us to verify that the method is appropriate, and the estimate reflects the experience.