

Checklist for Individual and Small Group Stand-Alone DentalPlans

**FORMS**

Effective for Plan Years beginning on or after January 1, 2026

(See FIS 2307) for Medical Plans Forms Checklist)

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| **Issuer Name:**  enter text here | **Market:**  Individual Small Group | |
| **Form Contact Persons (provide two):**  enter text here | | **Phone Numbers:**  enter text here |
| **Emails:**  enter text here | | |
| **Third Party Filer Name and Contact (if applicable):**  enter text here | | |

**Stand-Alone Dental (SADP) Plan Submission Guidelines can be referenced in the forthcoming DIFS SADP Bulletin**

**INSTRUCTIONS:**

1. The required format for saving this document is: IssuerName\_MIFormDescription\_Version#. The purpose of adherence to a standard naming convention is to have the ability to track new versions as they are updated. It is important to start with Version 1 and use the same issuer name and form description in the file name each time. File names must not include special characters, dashes, and/or spaces.
2. Forms and rates must be filed together under the same SERFF filing.
3. As used in this document, “Coverage Document” includes all forms required to be filed in SERFF.
4. Applicable laws and regulations supersede this checklist in the case of a conflict. The omission of any requirement of law or regulation does not limit DIFS’ authority to enforce. A separate fully completed checklist is required for Individual and Small Group forms offered by the Issuer. This checklist is to be used for SADPs and SADPs that include pediatric EHB vision coverage.

**Section A. Contract Requirements**

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| **Requirement** | **Coverage Document Reference:**  **Page # Section # Paragraph #** | | | **Federal/State**  **Authority** |
| **Annual and Lifetime Benefit Limits:** | [45 CFR 147.126](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=057a29895f463cfa872773c895748ddc&n=pt45.1.147&r=PART&ty=HTML#se45.1.147_1126) |
| An Issuer may not impose any annual or lifetime dollar limits on any essential health benefit.   * We certify that this product does not impose any annual or lifetime dollar limits on any essential health benefit. * Please acknowledge by checking “Yes” box. | YES | | |
| **Applications:** | Page # Section # Paragraph # | | |  |
| * If applications are used for both ACA and non-ACA plans, the application must clearly indicate that medical information is NOT to be provided for ACA plans. | # | # | # |  |
| * Filing must include both the Employer Application (if applicable) and the Employee/Insured Application. | Form # | | |  |
| **Claims, Internal Appeals, and External Appeals:** | Page # Section # Paragraph # | | | [45 CFR 147.136](http://www.ecfr.gov/cgi-bin/text-idx?SID=7ea3bed446f1a52c0b8351e9f5347efc&node=se45.1.147_1136&rgn=div8)  [42 USC 300gg-19](http://www.gpo.gov/fdsys/pkg/USCODE-2011-title42/pdf/USCODE-2011-title42-chap6A-subchapXXV-partA-subpartii-sec300gg-19.pdf)  [MCL 550.1901 et.seq.](http://www.legislature.mi.gov/(S(zp1ets45sjwnjf3gtum5bp55))/mileg.aspx?page=getObject&objectName=mcl-Act-251-of-2000) |
| The Coverage Document must include a description of, and the applicable time periods for its: |
| * Claims procedures whether filed by a provider or an enrollee | # | # | # |
| * Preauthorization procedures | # | # | # |
| * Utilization review procedures | # | # | # |
| * Adverse benefit determination procedures (The definition of “adverse benefit determination” must be the definition used in 29 CFR 2560.503-1(m).) | # | # | # |
| * Internal appeals | # | # | # |
| * External appeals – The Department of Health & Human Services (HHS) has approved Michigan’s external appeal process, the Patient’s Right to Independent Review Act (PRIRA).  Therefore, all products filed in Michigan must meet the requirements of PA 274 of 2016.  This includes the 127-day filing period. | # | # | # |
| * DIFS requires the addition of the URL (or a link) for any coverage document with a description of the appeal process. * <https://difs.state.mi.us/Complaints/ExternalReview.aspx> | # | # | # | [MCL 550.1901 et.seq.](http://www.legislature.mi.gov/(S(lgqoef3ofopn4jmdban2tr55))/mileg.aspx?page=GetObject&objectname=mcl-Act-251-of-2000) |
| The Coverage Document must include its standards, including: | Page # Section # Paragraph # | | |  |
| * Any medical necessity standard applicable to prior approval. | # | # | # |  |
| * Any utilization review procedures. | # | # | # |  |
| The definition of “medical necessity” in the Coverage Document must: | Page # Section # Paragraph # | | |  |
| * Include coverage of health care services that are appropriate to the Member’s diagnosis or condition in terms of type, amount, frequency, level, setting, and duration. | # | # | # |  |
| * Be based on generally accepted medical or scientific evidence, and consistent with generally accepted practice parameters. | # | # | # |  |
| The Coverage Document must explain to the enrollee how to obtain the clinical review criteria used to determine medical necessity in a particular situation. | # | # | # |  |
| **Coordination of Benefits:** |  | | | [MCL 550.253(4)](http://www.legislature.mi.gov/(S(inoo013kb5bf3zdzk1xymzvk))/mileg.aspx?page=getObject&objectName=mcl-550-253a) |
| If an individual is covered by 2 or more plans, the insurer that issues the primary plan pays benefits as if the secondary plan does not exist.  If the insurers that issued plans cannot agree on the order of benefits within 30 calendar days after the insurers have received all the information needed to pay the claim, the insurers shall immediately pay the claim in equal shares and determine their relative liabilities following payment. An insurer is not required to pay more than it would have paid had the plan it issued been the primary plan.  The order of benefit determination is determined by using the first of the following rules that apply:   * Nondependent/dependent rule * Dependent covered under more than 1 plan rule * Active, retired, or laid-off employee rule * Continuation coverage rule * Longer or shorter length of coverage rule | \*The coverage documents must include detailed information on the coordination of benefits, as required by MCL 550.253. Simply stating compliance with the Michigan Coordination of Benefits Act is not sufficient. | | | |
| **Dependent Coverage:** | Page # Section # Paragraph # | | |  |
| If a product provides coverage for dependents, it must:   * Provide eligibility based solely on the relationship with the participant. Products may not limit eligibility based on financial dependency on primary subscriber, residency of the dependent, the dependent’s status as a student, employment, eligibility for other coverage, or marital status. * The terms of the policy may not vary based on the age of the dependent. | # | # | # | [45 CFR 147.120](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=7ea3bed446f1a52c0b8351e9f5347efc&ty=HTML&h=L&r=SECTION&n=se45.1.147_1120)  [43 USC 300gg-14](http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXXV-partA-subpartii-sec300gg-14.pdf) |

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| **Entire contract:** | Page # Section # Paragraph # | | | [MCL 500.3407](http://www.legislature.mi.gov/(S(zp1ets45sjwnjf3gtum5bp55))/mileg.aspx?page=getObject&objectName=mcl-500-3407) |
| Michigan law requires the following provision:  This policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. No change in this policy shall be valid until approved by an executive officer of the insurer and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this policy or to waive any of its provisions. | # | # | # |  |
| **Genetic Testing (Non-Profit Dental Only):** | Page # Section # Paragraph # | | | [45 CFR 148.180](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=095602c4ddf9cef5d87b304f62314960&ty=HTML&h=L&r=SECTION&n=se45.1.148_1180) |
| The Coverage Document must state that it will not:   * Adjust premiums based on genetic information | # | # | # | [MCL 500.3407b](http://www.legislature.mi.gov/(S(zp1ets45sjwnjf3gtum5bp55))/mileg.aspx?page=getobject&objectname=mcl-500-3407b) |
| * Request / require genetic testing | # | # | # |  |
| * Collect genetic information from an individual at any time for underwriting purposes. | # | # | # |  |
| **Grace Period:** | Page # Section # Paragraph # | | | [MCL 500.3410](http://www.legislature.mi.gov/(S(zp1ets45sjwnjf3gtum5bp55))/mileg.aspx?page=getobject&objectname=mcl-500-3410) |
| Michigan law requires the following provision:  A grace period of ................ (insert a number not less than “7” for weekly premium policies, “10” for monthly premium policies and “31” for all other policies) days will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force. | # | # | # |  |
| The plan must include a 3-month grace period for insureds who receive premium tax credits. (This applies to on-Marketplace only) | # | # | # | [45 CFR 156.270(d)](http://www.ecfr.gov/cgi-bin/text-idx?SID=d0516269e7c42b9c9b17aa0e1277cd38&node=pt45.1.156&rgn=div5#se45.1.156_1270) |
| **Pre-existing Conditions:** | Page # Section # Paragraph # | | | [45 CFR 147.108](http://www.ecfr.gov/cgi-bin/text-idx?SID=80d09366cdf20d184a7625d35b7bd44b&node=pt45.1.147&rgn=div5#se45.1.147_1108) |
| This product does not impose any pre-existing condition exclusion.   * + We certify that this product does not include any pre-existing condition exclusions. Please acknowledge by checking “Yes” box. | YES | | |  |
| **Pediatric Orthodontia:** |  | | |  |
| Pediatric orthodontia is not a required benefit. If offered, however, there can be no waiting periods.   * + We certify this product does not include a waiting period for covered pediatric orthodontia. Please acknowledge by checking “Yes” box. | YES | | |  |

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| **Primary Dental Providers (PDP):** | Page # Section # Paragraph # | | | [45 CFR 147.138](http://www.ecfr.gov/cgi-bin/text-idx?SID=80d09366cdf20d184a7625d35b7bd44b&node=pt45.1.147&rgn=div5#se45.1.147_1138) |
| Products requiring the selection of a PDP must:   * Allow participants to elect any available PDP   + Allow participants to elect a pediatrician as a PDP | # | # | # |  |
| **Readability:** |  | | | [MCL 500.2236(3)](http://www.legislature.mi.gov/(S(lhuz2z45inkyza55lnphmkj2))/mileg.aspx?page=getObject&objectName=mcl-500-2236) |
| Submitted forms must comply with the following readability standards:   * + Each form entered in the SERFF Forms Schedule shall include the form’s readability score.   + The readability score must be based on the Microsoft Word Flesch Reading Ease test and have a score of 45 or higher. Forms with a Microsoft Word Flesch Reading Ease test score less than 45 will not be approved by DIFS or transferred to CMS for certification. For each form submitted under the forms tab, please include a screen shot of the score. * Health care policies and certificates, dental policies and certificates, and certificates of coverage, with more than 3,000 words printed on not more than three pages or more than three pages of text regardless of the number of words shall contain a table of contents. (This requirement does not apply to riders or endorsements). * Be printed with font size not less than 10-point. | YES | | |  |
| **Rescission and Termination:** | Page # Section # Paragraph # | | | [45 CFR 147.120](http://www.ecfr.gov/cgi-bin/text-idx?SID=80d09366cdf20d184a7625d35b7bd44b&node=pt45.1.147&rgn=div5#se45.1.147_1120)  [42 USC 300gg-14](http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXXV-partA-subpartii-sec300gg-14.pdf) |
| The Coverage Document must state that: |  |
| * Rescission of coverage or eligibility is only allowed for fraud or intentional misrepresentation of material fact(s). | # | # | # |  |
| * The Issuer will provide at least 30-days-notice to any person affected by the rescission. | # | # | # |  |

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|  | Page # Section # Paragraph # | | |  |
| * On-Marketplace SADPs must state that coverage may be terminated by the issuer: * If the Participant is no longer eligible for coverage through the Marketplace * For non-payment of premium (after grace period) * For rescission for a non-prohibited reason * If the SADP is terminated or decertified * If the Participant chooses to change Products | # | # | # |  |
| * The Issuer will provide at least 30-days-notice to any person affected by the rescission. | # | # | # |  |

**Section B. Essential Health Benefits (EHBs)**

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| **Pediatric Essential Health Benefit Services Including Dental and Vision Coverage**  **NOTE:** Vision coverage must be provided through age 19. Dental coverage must be provided through the end of the month in which the covered individual turns 19, and the Coverage Document must so state. |  | | |  |
| **Vision Coverage must include**: | Page # Section # Paragraph # | | |  |
| * Vision Exam: 1 per year | # | # | # |  |
| * Eyeglasses, including frames and lenses: 1 per year | # | # | # |  |
| * Contact Lenses in lieu of eyeglasses or if medically necessary | # | # | # |  |
| **Dental Coverage must include:** | Page # | Section # | Paragraph # |  |
| * Oral examination at eruption of first tooth but no later than 12 months; Oral examination every 6 months thereafter. | # | # | # |  |
| * Bitewing X-Rays: one set per year | # | # | # |  |

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|  | Page # Section # Paragraph # | | |  |
| * Complete Series X-ray: once every five years for ages 5 and older. Consists of minimum 10 periapical radiographs in conjunction with minimum 2 bitewing radiographs, or an intraoral/extraoral of a panoramic radiograph in conjunction with a minimum of 2 bitewing radiographs | # | # | # |  |
| * Diagnostic tests | # | # | # |  |
| * Prophylaxis (cleaning): once every six months | # | # | # |  |
| * Fluoride treatments:   Non-varnish fluoride - once every six months under 16  Varnish fluoride - four times per year ages 0-2, twice per year ages 3-15 | # | # | # |  |
| * Space maintainers: once per quadrant, once every two years, ages under 13 | # | # | # |  |
| * Sealants: for fully erupted permanent 1st and 2nd molars - once every per tooth every 3 years for ages 5 through 15 | # | # | # |  |
| * Fillings of amalgam, plastic or similar materials and stainless-steel crowns | # | # | # |  |
| * Crowns: once every five years (including Provisional Crowns), under 19 | # | # | # |  |
| * Pulpotomy for primary teeth | # | # | # |  |
| * Anterior bicuspid and molar root canal | # | # | # |  |
| * Periodontal scaling and root planning: every 2 years per quadrant | # | # | # |  |
| * Gingivectomy or gingivoplasty | # | # | # |  |
| * Maxillary dentures | # | # | # |  |
| * Porcelain, ceramic and cast metal retainers for resin bonded fixed prosthesis | # | # | # |  |
| * Simple extractions | # | # | # |  |
| * Consultation by a second dentist not providing treatment | # | # | # |  |
| * Exams and treatment for emergency conditions | # | # | # |  |
| **Comments:** enter text here | | | | |

