

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES

Review Standards for

Group Stand Alone Dental Insurance for Large Group and Non-NYSOH Certified Small Group Coverage

As of 8/11/2015

Instructions for SERFF Checklist:

- A. For **ALL** filings, the “General Requirements for All Filings” section must be completed:
- B. For a **FORM** filing, completion of additional sections may be required as follows, depending on the type of form being submitted:
- Policy – Also complete all sections.
 - Application – Also complete the section entitled “Application Forms.”
 - Rider or endorsement – Also complete all items relevant to the form being submitted in all sections.
- C. For filing of initial rates, complete the section entitled “Actuarial Section For New Product Rate Filings Only” in addition to completion of the applicable form sections identified above. For filing of rate changes to existing products (increases, decreases, or change in rate calculation rules or procedures), complete the “Actuarial Section for Existing Product Rate Filings Only” section. For filing of any other changes to rate or underwriting manuals (e.g., changes in commissions or underwriting), complete the “Actuarial Section for Existing Product Rate Filings Only” section.
- D. For each item, enter in the last column the form number(s), page number(s) and paragraph(s) where the requirement is met in the filing or insert a bookmark connecting to the appropriate location in the filing.
- E. Do not make any changes or revisions to this checklist.
- F. **Instructions for Citations:** All citations to Insurance regulations link to the Department of State’s website and an unofficial copy of the NYCRR. Please select title 11 for Insurance regulations. Most of the pertinent form and rate regulations are located in Chapter III Policy and Certificate Provisions, Subchapter A Life, Accident and Health Insurance. All citations to New York Laws (Insurance Laws or other New York laws) link to the public LRS website. To locate the Insurance Laws, please select the link labeled “ISC”.

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LINE OF BUSINESS: **Group Health – Dental**

TOI

LINE(S) OF INSURANCE

CODES

Health Dental

H10G.000

IF CHECKLIST IS NOT APPLICABLE, OR IF THE SUBMISSION CONTAINS INSERT PAGES, RIDERS OR ENDORSEMENTS AND THE POLICY IN ITS ENTIRETY DOES NOT COMPLY WITH ALL STATUTORY AND REGULATORY PROVISIONS STATED BELOW, PLEASE EXPLAIN:

REVIEW REQUIREMENT	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
GENERAL REQUIREMENTS FOR ALL FILINGS	<i>Note: Unless otherwise noted, all references are to Insurance Law, Insurance Regulations, and Department of Financial Services Circular Letters and OGC opinions</i>	<i>Note: This is a checklist for dental insurance which falls under limited benefits health insurance as defined by 11 NYCRR 52.10. This checklist is intended to provide guidance in the preparation of policy forms for submission and is not intended as a substitute for statute or regulation.</i>	Form/Page/Para Reference
Complete Policy or Contract Submission or Pages/Rider/Endorsement	§4306(d) §4306(e) §3201(c)	<p>This submission contains a complete policy or contract form. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>No statement by the individual in his application for a contract or policy shall avoid the contract or be used in legal proceedings thereunder, unless such application or an exact copy thereof is included in or attached to such contract.</p> <p>No agent or representative of such corporation and no broker, other than an officer or officers designated therein, is authorized to change the contract or waive any of its provisions.</p> <p>If this submission contains insert pages, riders or endorsements, then the policy or contract in its entirety complies with all the statutory and regulatory provisions stated below. Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

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		(If no is checked, explain in the space provided above.) This rider, insert pages, or endorsements are being attached to a policy or contract that was approved by the Department on _____, submission number _____.	
Discrimination	§2606 , §2607 , & §2608	This form does not contain any unfair discrimination provisions because of race, color, creed, national origin, disability (including treatment of mental disability), sex, and marital status.	
Flesch Score	§3102(c)	Provide Flesch score certification (the Flesch score should be at least 45). The number of words, sentences and syllables in the form should be set forth as part of the certification, which must be signed by an officer of the company.	
Form Requirements	11 NYCRR 52.31(b), (c), (d), (e), (f), (l)	Each form in the filing must meet the following requirements: <ul style="list-style-type: none"> • This form contains no strikeouts. § 52.31(b) • This form is submitted in duplicate. § 52.31(c) • This form is designated by a form number made up of numerical digits and/or letters in the lower left-hand corner of the first page. § 52.31(d) • This form is submitted in the form intended for actual use. § 52.31(e) • All blank spaces are filled in with hypothetical data. § 52.31(f) • If the form contains illustrative material, it does so only for items that may vary from case to case, such as names, dates, eligibility requirements, premiums and schedules for determining the amount of insurance for each person. § 52.31(l) • Portions of other provisions, such as insuring clauses, benefit provisions, restrictions and termination of coverage provisions, may be submitted as variable, if suitably indicated by red ink, bracketing or underlining and an explanatory memorandum must be submitted that clearly indicates the nature and scope of the variations to be used. An explanatory memorandum may not use terms such as “will conform to law” or “as requested by policyholder” to describe the variable material. § 52.31(l) 	
Group Status and Recognition	§4235 §3201(b)(1) 11 NYCRR 59	The SERFF filing description or submission letter should include a statement that a policy or contract forms will only be sold to a group specified in Insurance Law §4235(c)(1). However, a more detailed statement must be included where discretionary group status is sought under Insurance Law §4235(c)(1)(M). See below. The letter should indicate whether the submission is for use on a one case basis, the group must be identified along with the subpart of Insurance Law §4235(c)(1) in which group fits and a confirmation that the group meets all of the requirements of the identified part.	

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		<p>Requests for discretionary group recognition, pursuant to Insurance Law §4235(c)(1)(M) must be accompanied by written documentation that demonstrates that the proposed group meets each and every element stated in the named statute. The documentation must also make clear that the request for discretionary group recognition is not a subterfuge, evasion technique, or a marketing tool to avoid compliance with other statutory or regulatory requirements and recognized marketing mechanisms. This provision is not intended to allow approval of groups recognized in various subparagraphs of §4235(c)(1) or §4235(a)(1), but for which the proposed discretionary group does not meet one or more of the requisites specifically required or proscribed by §4235 or §4237. The request for allowance of a discretionary group must be granted before it may be used.</p> <p>Pursuant to §3201(b)(1) and Insurance Regulation 123, an accident and health certificate is deemed delivered in New York and subject to review and approval regardless of the actual place of delivery, if the policy is issued to certain groups. In these cases, the group certificate is reviewed for compliance with New York law. The group policy that is delivered out-of-state is not reviewed.</p>	
<p>Prefiled Group Coverage</p>	<p>11 NYCRR 52.32</p>	<p>A copy of the letter of confirmation sent to the policyholder by the insurer must be submitted to the Department within 30 days after the date the insurer agrees to provide insurance and must include the following:</p> <ul style="list-style-type: none"> • The effective date of coverage. § 52.32(a)(1) • The nature and extent of the benefits or change in benefits as then known. §52.32(a)(2) • That the contractual forms may be executed and issued for delivery only after filing with or approval by the Department. § 52.32(a)(3) • That if the forms are not filed or approved or are disapproved, the parties will be returned to the status quo insofar as possible, or the coverage will be modified retroactively to meet all requirements necessary for approval. § 52.32(a)(4) <p><i>Note: At the time the insurer agrees to provide insurance, it cannot have been reasonably possible to obtain approval prior to the effective date of coverage because the policyholder requested the insurer provide immediate coverage. Also, the actual forms must be submitted for approval within six months from the date the insurer agrees to provide insurance. § 52.32(c). Failure to meet any of the conditions within the time specified shall be a violation of the Insurance Law, unless reasons for delay, including its probable extent, satisfactory to the Department are submitted to the Department within the respective times specified.</i></p>	
<p>SERFF Filing Description or Letter of Submission</p>	<p>11 NYCRR 52.33 Circular Letter No. 33</p>	<p>The filing must include a SERFF filing description or a letter of submission that contains the following:</p> <ul style="list-style-type: none"> • The identifying form number of each form submitted. § 52.33(a) 	

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	<p>(1999) Supplement 1 to CL No. 33 (1999)</p>	<ul style="list-style-type: none"> • If the form is a policy, the letter must indicate that the policy is submitted pursuant to 11 NYCRR 52.10. § 52.33(b) • Whether the form is new or supersedes an approved or filed form. § 52.33(c) • If the form supersedes an approved or filed form, the letter must state the form number and date of approval or filing of the superseded form and any material differences from the superseded form. § 52.33(d) • If the approval of the superseded form is still pending, the letter must include the form number, control number assigned by the Department and the submission date. § 52.33(d) • If the form had previously been submitted for preliminary review, the letter must include a reference to the previous submission and a statement setting out either that the form agrees precisely with the previous submission; or the differences from the form submitted for preliminary review. § 52.33(e) • If the form is submitted in accordance with 11 NYCRR 52.32(c), the letter must identify the prefiled group coverage. § 52.33(f) • If the form is other than a policy form, the letter must identify the form number and approval date of the policy or policies with which it will be used. If the form is for general use, the Department may accept a description of the type of policy with which it may be used in lieu of the form number and approval date. § 52.33(g) • If the form is a policy, the letter must identify the form numbers and dates of approval of any applications previously approved to be used with the policy unless the application is required to be attached to the policy upon submission. § 52.33(h) • If the policy is designed to be used with insert pages, the letter must contain a statement of the insert page forms which must always be included in the policy and a list of all optional pages, together with an explanation of their use. § 52.33(i) <p><i>Note: Submission letters should advise as to whether the policy is intended for internet sales and should describe any proposed electronic procedures and/or the proposed use of electronic signatures associated with the sale of the policy.</i></p>	
<p>Statement of ERISA Rights</p> <p>Is the insurer providing document as the plan administrator or for the plan administrator? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>29 CFR § 2520.104b-2</p>	<p>Plan administrators of an employee benefit plan are required to furnish a copy of a Statement of ERISA rights as provided for in 29 CFR § 2520.102-3(t). If the insurer is providing this document as the plan administrator, or for the plan administrator, please indicate in the adjacent box.</p>	

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APPLICATION FORMS			Form/Page/Para Reference
Authorization	11 NYCRR 420.18(b)	If the application includes an authorization to disclose non-public personal health information, the authorization specifies the length of time the authorization will remain valid. The maximum allowable period is 24 months.	
Fraud Warning Statement	§403(d) 11 NYCRR 86.4	All applications must contain the prescribed fraud warning statement. The fraud warning statement must be printed directly above the signature line and printed in such a way that is conspicuous to the insured.	
Pre-Existing Conditions	11 NYCRR 52.51(j)	If the application is used with a policy that contains a “pre-existing conditions” provision, the application must include a statement describing the provision.	
Prohibited Questions and Provisions	§3204 11 NYCRR 52.51	The application does NOT contain: <ul style="list-style-type: none"> • Questions about the applicant’s race. • A provision that changes the terms of the policy to which it is attached. • A statement that the applicant has not withheld any information or concealed any facts. • An agreement that an untrue or false answer material to the risk will render the policy void. • An agreement that acceptance of any policy issued upon the application will constitute a ratification of any changes or amendments made by the insurer and inserted in the application, except to conform to § 3204(d). 	
POLICY OR CONTRACT FORM PROVISIONS			Form/Page/Para Reference
COVER PAGE (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	<i>Use of the model language cover page is recommended.</i>	
Insurer name		This policy or contract contains the name and full address of the issuing insurer on the front or back cover.	
Disclosure Statement (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11NYCRR52.54, 52.59 Model Language	The certificate contains the following disclosure statement: “The insurance evidenced by this certificate provides DENTAL insurance ONLY.”	
Signature of Company Officer		The signature of company officer(s) appears prominently on the policy or contract (such as on the cover page).	

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<p>Table of Contents</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217 Model Language</p>	<p><i>Use of the model language table of contents is recommended.</i></p> <p>A table of contents is required for policies or contracts that are over 3,000 words or more than 3 pages regardless of the number of words.</p>	
<p>DEFINITIONS</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§ 3217 Model Language</p>	<p><i>The definition of hospital must use the model language since it is taken directly from N.Y. Insurance law. For all additional definitions, the use of model language is recommended to the extent it is appropriate and applicable for the terminology used in the policy or contract form.</i></p>	<p>Form/Page/ Para Reference</p>
<p>HOW THIS COVERAGE WORKS</p>		<p><i>The following standards are required, as applicable. Use of the model language is recommended.</i></p>	<p>Form/Page/ Para Reference</p>
<p>Selecting a Primary Care Dentist</p>			
<p>Selecting, Accessing and Changing Participating Providers</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-a(a)(9) §3217-a(a)(10) §4324(a)(9); (10) Model Language</p>	<p>Where applicable, this policy or contract form includes a description of the procedures for insureds to select, access and change primary and specialty care providers, including notice of how to determine whether a participating provider is accepting new patients.</p>	
<p>Designation of Primary Care Dentist (PCD)</p> <p>Does this product require a PCP to be designated? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-e §4306-d Model Language</p>	<p>If the policy or contract requires the designation of a primary care dentist (“PCD”), this policy or contract form permits an insured to designate any participating PCD who is available to accept the insured.</p>	

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Preauthorization			
Prior Authorization Requirements (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(2) §3238 §4324(a)(2) Model Language	This policy or contract form includes a description of all preauthorization or other notification requirements for treatments and services. A preauthorization or notification penalty of either 50% of the allowable amount for services rendered or \$500.00, whichever is less, is permissible. If the policy or contract form requires a gatekeeper, the preauthorization requirements may not be imposed on the insured for in-network services.	
Medical Necessity			
Definition of Medical Necessity (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(1) §4324(a)(1) Model Language	This policy or contract form includes a definition of “medical necessity” used in determining whether benefits will be covered.	
Contact Information (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(16) §4324(a)(16) Model Language	This policy or contract form includes all appropriate mailing addresses and telephone numbers to be utilized by insureds seeking information or authorization.	
ACCESS TO CARE AND TRANSITIONAL CARE			Form/Page/Para Reference
Referral or Authorization to Non-Participating Providers (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(11) §4324(a)(11) §4804(a) Model Language	If a policy or contract form is a managed care product as defined in § 4801(c), it must describe how an insured may obtain a referral or authorization to a dental care provider outside of the insurer’s network when the insurer does not have a dental care provider with appropriate training and experience in the network to meet the dental care needs of the insured and the procedure by which the insured can obtain such referral or authorization.	
Specialty Care Provider as PCD (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(13) §3217-d(b) §4324(a)(13) §4306-c(b) §4804(b) Model Language	If this policy or contract form is a managed care product as defined in § 4801(c), and it requires (i) the designation of a PCD, and (ii) that specialty care must be provided pursuant to a referral from a PCD, then it must include a notice that an insured with a life-threatening condition or disease or a degenerative and disabling condition or disease, either of which requires specialized dental care over a prolonged period of time, is permitted to request that a specialist be designated as their PCD to provide or coordinate the insured’s dental care and describe the procedure for requesting and obtaining a specialist as a PCD.	

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<p>Standing Referrals</p> <p>(Required)</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-a(a)(12) §3217-d(b) §4324(a)(12) §4306-c(b) §4804(c)</p> <p>Model Language</p>	<p>If this policy or contract form is a managed care product as defined in § 4801(c), and requires (i) the designation of a PCD, and (ii) that specialty care must be provided pursuant to a referral from a PCD, it must include a notice that an insured with a condition which requires on-going care from a specialist, may request a standing referral to such specialist and describe the procedure for requesting and obtaining such a standing referral.</p>	
<p>Transitional Care When A Provider Leaves the Network</p> <p>(Required)</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4804(e)(1), (2) §3217-d(c) §4306-c(c)</p> <p>Model Language</p>	<p>If this policy or contract form is a managed care product as defined in § 4801(c), when an insured is in an ongoing course of treatment when a provider leaves the network, then the policy or contract form must describe how an insured may continue to receive treatment for the ongoing treatment from the former participating provider for up to 90 days from the date the provider’s contractual obligation to provide services terminated.</p>	
<p>Transitional Care For A New Member in a Course of Treatment</p> <p>(Required)</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4804(f) §3217-d(c) §4306-c(c)</p> <p>Model Language</p>	<p>If this policy or contract form is a managed care product as defined in § 4801(c), and an insured is in an ongoing course of treatment with a non-participating provider when the insured’s coverage becomes effective for a life-threatening disease or condition or a degenerative and disabling condition or disease, this contract or policy form must describe how the insured may continue to receive care for the ongoing course of treatment from the non-participating provider for up to 60 days from the effective date of the insured’s coverage.</p>	
<p>COST-SHARING EXPENSES AND ALLOWED AMOUNT</p>	<p>Model Language</p>	<p><i>The following standards are required. Use of the model language is recommended.</i></p>	<p>Form/Page/ Para Reference</p>
<p>Cost of Service</p> <p>(Recommended)</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3201(c)(3) 11 NYCRR 52.1(c)</p> <p>Model Language</p>	<p>If the cost of the service is less than the copayment for the service, the patient is responsible for the lesser amount.</p>	
<p>Non-Participating Providers and Non-Authorized Services</p> <p>(Recommended)</p> <p>Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-a(a)(6) §4324(a)(6)</p> <p>Model Language</p>	<p>This policy or contract form includes a description of the insured’s financial responsibility for payment when services are provided by a dental care provider who is not part of the insurer’s network of providers or by any provider without the required authorization or when a procedure, treatment or service is not a covered dental care benefit.</p>	

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<p>Reimbursement of Providers</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-a(a)(4) §4324(a)(4)</p> <p>Model Language</p>	<p>This policy or contract form includes a description of the types of methodologies the insurer uses to reimburse providers.</p>	
ELIGIBILITY		<p><i>The following standards are required. Use of the model language is recommended except where noted as required.</i></p>	<p>Form/Page/ Para Reference</p>
<p>Spouse</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4235(f)(1)(A) §4305(c)(1) Circular Letter No. 27 (2008)</p> <p>Model Language</p>	<p>If dependent coverage is selected by the policyholder or contractholder, this policy or contract provides coverage for the lawful spouse, unless there is a divorce or annulment of the marriage. This includes the recognition of marriages between same-sex partners legally performed in this state and in other jurisdictions.</p>	
<p>Dependents</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4235(f)(1)(A) §4305(c)(1) §3221(a)(7)</p> <p>Model Language</p>	<p>If dependent coverage is selected by the policyholder or contractholder, this policy or contract provides coverage of dependents, and states the age restrictions for the insurance provided.</p> <p><i>Note: Pursuant to § 2608-a, an insurer may not deny enrollment to a child under the health coverage of the child's parent on the ground that the child was born out of wedlock, the child is not claimed as a dependent on the parent's federal income tax return, or the child does not reside with the parent or in the insurer's service area.</i></p>	
<p>Unmarried Students on Medical Leave of Absence</p> <p>(Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3237 §4306-a</p> <p>Model Language</p>	<p>If this policy or contract provides coverage for dependent children who are full-time students to a higher age than other dependent children, then coverage shall continue when such dependent takes a medical leave of absence from school due to illness or injury for a period of 12 months from the last day of attendance at school, provided, however, that coverage of a dependent student is not required beyond the age at which coverage would otherwise terminate. To qualify for such coverage, the insurer may require that the medical necessity of the leave be certified to by the student's attending physician who is licensed to practice in the state of New York.</p>	
<p>Unmarried Disabled Children</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4235(f)(1)(A)(ii) §4305 (c)(1)</p> <p>Model Language</p>	<p>If dependent coverage is selected by the policyholder or contractholder, this policy or contract provides coverage for unmarried disabled children, regardless of age, who are incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation, as defined in the mental hygiene law, or physical handicap, and who became so incapable prior to attainment of the age at which dependent coverage would otherwise terminate.</p>	

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		<i>Note: Such coverage shall not terminate while the policy remains in effect and the dependent remains in such condition and is chiefly dependent on the insured for support and maintenance, if the insured has within 31 days of such dependent's attainment of the limiting age submitted proof of such dependent's incapacity.</i>	
<p>Newborn Infants</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4235(f)(2) §4305 (c)(1)</p> <p>Model Language</p>	<p>If dependent coverage is selected by the policyholder or contractholder, this policy or contract provides coverage of newborn infants, including newly born infants adopted by the insured if the insured takes physical custody of the infant upon the infant's release from the hospital and files a petition pursuant to § 115-c of the domestic relations law within 30 days of birth; and provided further that no notice of revocation to the adoption has been filed and consent to the adoption has not been revoked, shall be effective from the moment of birth, except that in cases of adoption, coverage of the initial hospital stay shall not be required where a birth parent has insurance coverage available for the infant's care.</p> <p><i>Note: In the case of individual or two-person coverage, the insurer must permit the insured to elect such coverage of newborn infants from the moment of birth. If notification and/or payment of an additional premium is required to make coverage effective for a newborn infant, the coverage may provide that such notice and/or payment be made within no less than 30 days of the day of birth to make coverage effective from the moment of birth.</i></p>	
<p>Adopted Children and Step-Children</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4305(c)(1) 11 NYCRR 52.18(e)(2); (3)</p> <p>Model Language</p>	<p>If dependent coverage is selected by the policyholder or contractholder, this policy or contract provides that adopted children and stepchildren dependent upon the insured are eligible for coverage on the same basis as natural children. Further, a family policy covering a proposed adoptive parent, on whom the child is dependent, shall provide that such child be eligible for coverage on the same basis as a natural child during any waiting period prior to the finalization of the child's adoption.</p>	
<p>Domestic Partners</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§4235(f)(1)(A) §4305(c)(1)</p> <p>OGC Opinion 01-11-23</p> <p>Model Language</p>	<p>This policy or contract form may cover domestic partners, who are financially interdependent on the employee or member, but such coverage is not required.</p> <p>If such coverage is provided, the policy or contract form shall require the applicant to provide the following:</p> <ul style="list-style-type: none"> • Registration as a domestic partner, where such registry exists, or an affidavit of domestic partnership indicating that neither individual has been registered as a member of another domestic partnership within the last six (6) months; • Proof of cohabitation; and • Proof of financial interdependency by evidence of two (2) or more of the following: joint bank account; joint credit or charge card; joint obligation on a loan; status as authorized signatory on the partner's bank account, credit card or charge card; joint ownership or holding of investments; joint ownership of residence; joint ownership of real estate other than residence; listing of both 	

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		partners as tenants on lease; shared rental payments; shared household expenses; shared household budget for purposes of receiving government benefits; joint ownership of major items of personal property; joint ownership of a motor vehicle; joint responsibility for child care; shared child-care expenses; execution of wills naming each other as executor and/or beneficiary; designation as beneficiary under the other's life insurance policy or retirement benefits account; mutual grant of durable power of attorney; mutual grant of authority to make health care decisions; affidavit by creditor or other individual able to testify to partners' financial interdependence; or other items of sufficient proof to establish economic interdependency under the circumstances of the particular case	
New Employees	§3221(a)(3)	New employees or members of the class must be added to the class for which they are eligible.	
New Family Members (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a) §4305(c)	The policy describes the requirements to add new family members to the policy or contract.	
Enrollment Periods Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11NYCRR52.70(e)(3) Model Language	This policy or contract form must provide for enrollment periods and special enrollment periods, including those special enrollment periods that allow for the addition of a new family member.	
DENTAL CARE			Form/Page/ Para Reference
Benefits and Exclusions	11 NYCRR 52.54	This certificate includes a description of coverage provisions; health care benefits; benefit maximums, including benefit limitations; and exclusions of coverage.	
PERMISSIBLE EXCLUSIONS AND LIMITATIONS	Model Language	<i>No policy or contract form shall limit or exclude coverage by type of illness, accident, treatment or medical condition with the exception of the following exclusion.</i> <i>The following exclusions are permissible. However, if an exclusion is included the model language must be used.</i>	Form/Page/ Para Reference
Aviation (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(4)(iii) Model Language	This policy or contract form excludes coverage for services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.	

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<p>Convalescent and Custodial Care</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(11) Model Language</p>	<p>This policy or contract form excludes coverage for services related to rest cures, custodial care and transportation. Custodial care means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include covered services determined to be medically necessary.</p>	
<p>Cosmetic Services</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(5) 11 NYCRR 56 Model Language</p>	<p>This policy or contract form excludes coverage for cosmetic surgery, except that cosmetic surgery does not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect.</p> <p><i>Note: All exclusions for cosmetic surgery must be based on medical necessity, with the insured receiving all utilization review and external appeal rights under Article 49, except as otherwise provided in 11 NYCRR 56.</i></p>	
<p>Coverage Outside of the United States, Canada or Mexico</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(12) Model Language</p>	<p>This policy or contract form excludes coverage for care or treatment provided outside of the United States, its possessions, Canada or Mexico.</p>	
<p>Experimental or Investigational Treatment</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3221(k)(12) §4303(z) Article 49 Model Language</p>	<p>This policy or contract form excludes coverage for any health care service, procedure, treatment, device, or prescription drug that is experimental or investigational. However, coverage will be provided for experimental or investigational treatments, including, treatment of rare diseases, or patient costs for the insured's participation in a clinical trial, when the denial of services is overturned by an external appeal agent certified by the State. However, for clinical trials, no coverage will be provided for the costs of any investigational drugs or devices, non-health services required for you to receive the treatment, the costs of managing the research, or costs that would not be covered under the policy or contract form for non-investigational treatments.</p>	
<p>Felony Participation</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(4)(i) Model Language</p>	<p>This policy or contract form excludes coverage for any illness, treatment or medical condition due to the insured's participation in a felony, riot or insurrection.</p>	

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<p>Foot Care</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(6)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.</p>	
<p>Government Facility</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for care or treatment provided in a hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.</p>	
<p>Illegal Occupation</p>	<p>§3221(c) §3216(d)(2)(J)</p>	<p>This policy or contract form excludes losses to which a contributing cause was the insured's commission of or attempt to commit a felony or to which a contributing cause was the insured's being engaged in an illegal occupation.</p> <p><i>Note: This exclusion is not applicable to Article 43 insurers.</i></p>	
<p>Medical Services</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>This policy or contract form excludes coverage for medical or dental services that are medical in nature, including any hospital or prescription drug charges.</p>	
<p>Medically Necessary</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3201(c)(3) Article 49</p> <p>Model Language</p>	<p>This policy or contract form generally excludes coverage for any dental care service, procedure, treatment, or device that is determined to not be medically necessary; however, coverage will be provided when the denial of services is overturned by an external appeal agent certified by the State.</p>	
<p>Medicare or Other Governmental Program</p> <p>Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).</p>	
<p>Military Service</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(4)(i)</p> <p>Model Language</p>	<p>This policy or contract form excludes coverage for an illness, treatment or medical condition due to service in the armed forces or auxiliary units.</p>	

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<p>No-Fault Automobile Insurance</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8) Model Language</p>	<p>This policy or contract form excludes coverage for any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if the insured does not make a proper or timely claim for the benefits available under a mandatory no-fault policy.</p>	
<p>Pre-Existing Condition Exclusion</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3232 §4318 11 NYCRR 52.18(a)(5)</p>	<p>This policy or contract form excludes conditions, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the enrollment date.</p> <ul style="list-style-type: none"> • Coverage cannot be excluded, limited or reduced for a loss due to a pre-existing condition greater than 12 months following the enrollment date; • When the contract or policy is issued to an individual aged 65 or older this is reduced to no greater than 6 months following the enrollment date. • The 12 month exclusionary period may be shortened by the time the insured was covered under creditable coverage if the insured was enrolled in the prior coverage within 63 days prior to enrolling in this coverage. • Genetic information shall not be considered a pre-existing condition in the absence of a diagnosis of the condition related to such information; <p>Note: Waiting periods for benefits are viewed as pre-existing condition exclusions. Waiting periods for benefits or “phase in” of full benefits cannot be longer than 1 year.</p>	
<p>Services not Listed</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3201(c)(3) Model Language</p>	<p>This policy or contract form excludes coverage for services that are not listed in the policy form as being covered.</p>	
<p>Services Provided by a Family Member</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.16(c)(8) Model Language</p>	<p>This policy or contract form excludes coverage for services performed by a member of the insured’s immediate family. “Immediate family” shall mean a child, spouse, mother, father, sister, or brother of the insured or the insured’s spouse.</p>	
<p>Services Separately Billed by Hospital Employees</p> <p>(Required) Model Language Used?</p>	<p>11 NYCRR 52.16(c)(8) Model Language</p>	<p>This policy or contract form excludes coverage for services rendered and separately billed by employees of hospitals, laboratories or other institutions.</p>	

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Yes <input type="checkbox"/> No <input type="checkbox"/>			
Services With No Charge (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(8) Model Language	This policy or contract form excludes coverage for services for which no charge is normally made.	
Suicide, Attempted Suicide, Intentionally Self-Inflicted Injury	11 NYCRR 52.16(c)(4)(ii)	This policy or contract form excludes coverage for illness, accident, treatment or medical condition arising out of suicide, attempted suicide or intentionally self-inflicted injury.	
Temporomandibular Joint Disfunction (TMJ)	OGC Opinions 92-49 & 06-08-08	This policy or contract form excludes coverage for treatment of temporomandibular joint dysfunction (TMJ) that is medical in nature. <i>Note: This contract or policy form may not exclude the treatment of TMJ that is dental in nature, unless a medical necessity determination is made and the insured receives all utilization review and external appeal rights under Article 49.</i>	
Vision Services and Hearing Aids	11 NYCRR 52.16(c)(10)	This policy or contract form excludes coverage for eyeglasses, hearing aids and examination for the prescription or fitting thereof. <i>Note: It is impermissible to exclude lasik and other surgeries or treatments to the eyes, unless a medical necessity determination is made and the insured receives all utilization review and external appeal rights under Article 49.</i>	
War (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(4)(i) Model Language	This contract or policy excludes coverage for illness, accident, treatment or medical condition arising out of war or act of war (whether declared or undeclared) Exclusions for terrorism are not included in this permissible exclusion.	
Workers' Compensation (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	11 NYCRR 52.16(c)(8) Model Language	This contract or policy form excludes coverage for services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.	
CLAIM DETERMINATIONS		<i>Use of the model language is required.</i>	Form/Page/ Para Reference
Notice of Claim	§3221(a)(8)	The policy or contract must provide that the insured has to provide the insurer with	

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(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3224-a(d) Model Language	written notice of claim as applicable. For a policy or contract issued or renewed on or after April 1, 2015, a claim may be submitted electronically. However, failure to give notice within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such notice and the notice was provided as soon as reasonably possible.	
Proof of Loss (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(9) §4305(m) Model Language	The policy or contract must provide that the insured has a minimum of 120 days to provide the insurer with proof of loss after the date of such loss. However, failure to give proof within the specified time frame does not reduce or invalidate a claim if it was not reasonably possible to give such proof and the proof was provided as soon as reasonably possible.	
Filing Proof of Loss	§ 3221(a)(10)	The policy must provide that the insurer will furnish the insured or the policyholder such forms as are usually furnished for filing proof of loss. If such forms are not furnished before the expiration of fifteen days after the insurer receives notice of the claim, the insured shall be deemed to have complied with the proof of loss requirements upon submitting within the time fixed written proof covering the occurrence, character and extent of the loss for which the claim is made.	
Prompt Payment of Claims	§3224-a	This policy must pay claims to the policyholder, covered person or health care provider according to §3224-a.	
GRIEVANCE, UTILIZATION REVIEW AND EXTERNAL APPEAL	Model Language	<i>Use of the model language is required.</i>	Form/Page/ Para Reference
Grievance Procedures (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§4802 29 CFR 2560.503-1 Model Language	This policy or contract contains grievance procedures consistent with the Federal Department of Labor Claims Payment Regulation. <i>Note: If an insurer offers a managed care product, the grievance procedures must also comply with Insurance Law §4802.</i>	
Utilization Review Policies and Procedures (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(3) §4324(a)(3) Article 49 29 CFR 2560.503-1 Model Language	This policy or contract form includes a description, consistent with Article 49 of the utilization review policies and procedures, including: <ul style="list-style-type: none"> • The circumstances under which utilization review will be undertaken; • The toll-free telephone number, the hours available and the availability of an after-hours answering service of the utilization review agent; • The timeframes under which utilization review decisions must be made for prospective, retrospective and concurrent decisions; • The right to reconsideration; 	

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		<ul style="list-style-type: none"> • The right to appeal, including the expedited and standard appeals processes and the timeframes for such appeals; • The right to designate a representative; • A notice that all denials of claims will be made by qualified clinical personnel and that all notices of denials will include information about the basis of the decision; • A notice of the right to an external appeal, together with a description, jointly promulgated by the Commissioner of Health and the Superintendent, of the external appeal process and the timeframes for such appeals; and • Further appeal rights, if any. <p><i>Note: If this policy has a provision which states that the insurer will review certain services before they are performed and, if determined by the insurer, will pay benefits for a lower cost alternative service, then the denial of the requested service is treated as an adverse determination subject to internal and external appeal rights contained in Article 49 of the Insurance Law.</i></p>	
<p>External Appeal Procedures</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Article 49</p> <p>Model Language</p>	<p>This policy or contract includes a description of the external appeal procedures, including:</p> <ul style="list-style-type: none"> • Instructions on how to request an external appeal; • The circumstances under which an external appeal may be pursued (service denied as not medically necessary; experimental/investigational, including clinical trials and treatment for rare diseases; and for managed care health insurance contracts as defined in §4801(c), such as gatekeeper EPOs, out-of-network denials when the service is not available in-network and the insurer recommends an alternate treatment); and • The timeframe for submitting an external appeal. <p>For denials issued on and after April 1, 2015, a managed care health insurance contract as defined in §4801(c) must provide for an external appeal of an out-of-network referral denial.</p>	
<p>COORDINATION OF BENEFITS</p>		<p><i>Use of model language is required.</i></p>	
<p>Coordination of Benefits</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11 NYCRR 52.23</p> <p>Model Language</p>	<p>If the policy or contract contains a coordination of benefits provision, then it must comply with 11 NYCRR 52.23.</p>	

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TERMINATION OF COVERAGE (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	<i>The following are the only termination provisions permissible under the Insurance Law. Use of the model language is required.</i>	Form/Page/ Para Reference
Renewal (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(5) 11 NYCRR 52.18(c) Model Language	The policy or contract must specify the conditions under which the insurer may refuse to renew the policy or contract.	
Notice of Termination	11 NYCRR 52.18(c)	Unless otherwise specified under the Insurance Law, notices of nonrenewal or termination shall provide at least 30 days prior written notice.	
Termination for Failure to Pay Premiums (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(4) Model Language	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or subscriber has failed to pay premiums or contributions by the due date, with a grace period as specified in accordance with the terms of the policy or contract form if the insurer has not received timely premium payments.	
Termination upon Death of Subscriber (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	This policy or contract form provides that upon the subscriber's death, the coverage will terminate unless there are dependents covered. If there is coverage for dependents, then coverage will terminate as of the last day of the month for which the premium has been paid.	
Termination for Spouses in Cases of Divorce (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	This policy or contract form provides that in cases of divorce, coverage for the spouse shall terminate as of the date of the divorce.	
Termination by Subscriber	Model Language	This policy or contract form provides that termination will occur at the end of the month during which the subscriber provides written notice requesting termination or on such later date requested for such termination by the notice.	

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(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Termination for Fraud (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3105 Model Language	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group or a subscriber has performed an act or practice that constitutes fraud or made a misrepresentation of material fact in writing on an enrollment application or in order to obtain coverage for a service.	
Rescission (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3105 §3204 Model Language	No misrepresentation shall avoid coverage or defeat any recovery thereunder unless the insured makes a misrepresentation that is material. This policy or contract form may include a provision that in the event a subscriber makes an misrepresentation of material fact in writing upon his/her enrollment application, coverage may be rescinded if the facts misrepresented would have lead the insurer to refuse to issue the coverage.	
Termination for Failure to Comply With a Material Plan Provision or Meet the Requirements of Group (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§4235(c)(1) Model Language	This policy or contract form includes a provision permitting the insurer to terminate coverage if the group failed to comply with employer contribution or group participation rules, as permitted in §4235 or ceases to meet the requirements of a group under §4235.	
Termination if there are No Longer Insureds in the Insurer's Service Area (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	This policy or contract form includes a provision permitting the insurer, in regard to a network plan, to terminate coverage if there is no longer any insured who lives, resides, or works in the service area of the insurer, or in the area for which the insurer is authorized to do business.	
LOSS OF COVERAGE		<i>Use of model language is required.</i>	
Extension of Benefits (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3201(c) 11NYCRR52.18(b)(4); (5); and (6) Model Language	The policy or contract must provide that upon termination of insurance, whether due to termination of employment, termination of eligibility, or termination of the policy, an extension of benefits shall be provided for a period of no less than 30 days for completion of a dental procedure that was started before the covered person's coverage ended.	

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<p>Continuation Coverage</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>COBRA, Title X of Public Law 99-272 Model Language</p>	<p>If the policy or contract is subject to COBRA, then it must include a provision regarding continuation coverage in accordance with COBRA. An employee or member who wishes continuation of coverage must request continuation in writing and remit the first premium payment within the 60-day period following the later of: the date of termination or the date the employee is sent notice by first class mail of the right to continuation by the group policyholder.</p> <p>The continuation benefits terminate:</p> <ul style="list-style-type: none"> • 18 months after the date the employee or member’s benefits would otherwise have terminated because of termination of employment or membership. • In the case of an eligible dependent, 36 months after the date such person’s benefits would otherwise have terminated by reason of the death of the employee or member, divorce or legal separation of the employee or member from his or her spouse, the employee or member becoming eligible for Medicare, or a dependent child ceasing to be a dependent child under the generally applicable requirements of the policy. • On the date which the employee or member becomes entitled to coverage under Medicare. • On the date which the employee or member becomes covered by an insured or uninsured arrangement which provides hospital, surgical or medical coverage for individuals in a group which does not contain any exclusion or limitation with respect to any pre-existing condition. • The end of the period for which premiums were made if the employee or member fails to make timely payment. 	
<p>Continuation of Coverage for Service in the Uniformed Services</p> <p>(Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>USERRA, (38 USC § 4317)</p>	<p>If the contract or policy is subject to USERRA, then it must include a provision regarding the temporary continuation of coverage in accordance with USERRA.</p> <p>The temporary continuation benefits terminate upon the earlier of 24 months from when the absence begins or the day after the date on which the employee or member fails to apply for or return to a position of employment.</p> <p>Provided the employee or member serves more than 31 days the group can charge up to 102% of the group premium for the continued coverage.</p> <p>No exclusion or waiting period may be imposed for any condition unless the condition arose during the period of active duty and the condition has been determined by the Secretary of Veterans Affairs to be a condition incurred in the line of duty or a waiting period had been imposed and was not completed at the time of suspension.</p>	

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GENERAL PROVISIONS		<i>Use of model language is required or recommended as indicated. Provisions that are required by the Insurance Law are indicated below.</i>	
Assignment (Recommended) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	Model Language	The policy or contract form may state whether or not assignment of benefits is permitted.	
Incontestability (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(1) §4306(e)	The policy or contract must provide that statements by the insured must be in writing and signed in order to be used to reduce benefits or avoid the insurance.	
Who May Change This Policy (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(2) §4306(e)	The policy or contract must provide that no agent has the authority to change the policy or waive any provisions and that no change shall be valid unless approved by an officer of the insurer and evidenced by endorsement on the policy or contract, or by amendment to the policy or contract signed by the policyholder or contractholder and insurer.	
Action in Law or Equity (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3221(a)(14)	The policy or contract must provide that no action in law or equity shall be brought to recover on the policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought after the expiration of two years following the time such proof of loss is required by the policy.	
Non-English Speaking Insureds (Required) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	§3217-a(a)(15) §4324(a)(15) Model Language	This policy or contract form includes a description of how the insurer addresses the needs of non-English speaking insureds.	
Subrogation (Required if Used) Model Language Used? Yes <input type="checkbox"/> No <input type="checkbox"/>	General Obligations Law § 5-335 Civil Practice Law and Rules § 4545(a) Model Language	Although not required, if a subrogation provision is included in this policy form, it must comply with NYS General Obligations Law § 5-335 and Civil Practice Law and Rules § 4545(a).	

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<p>Unilateral Modification</p> <p>(Required)</p> <p>Model Language Used?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>11NYCRR52.18(a)(8)</p> <p>Model Language</p>	<p>Unilateral modifications by an insurer to an existing policy or contract must be made with at least 30 days prior written notice to the group. Unilateral modification by the insurer may be made only at the time of renewal. If the policy or contract form requires the group to provide written notice to terminate coverage, the notice of the unilateral modification by the insurer must be provided to such group no less than 14 days prior to the date by which the group is required to provide notice to terminate coverage.</p>	
<p>SCHEDULE OF BENEFITS</p>		<p>This policy or contract must contain a Schedule of Benefits. All services subject to Preauthorization and/or referral requirements must be clearly indicated in the Schedule of Benefits.</p>	
<p>Insured's Financial Responsibility for Payment</p> <p>(Recommended)</p> <p>Model Language Used?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>§3217-a(a)(5)</p> <p>§4324(a)(5)</p> <p>11 NYCRR 52.1(c)</p> <p>Model Language</p>	<p>This policy or contract form includes a description of the insured's financial responsibility for payment of premiums, deductibles, copayments and/or coinsurance, and any other charges, annual limits on an insured's financial responsibility, caps on payments for covered services and financial responsibility for non-covered dental care procedures, treatment or services.</p> <p>Coinsurance values imposed on an insured should not exceed 50%.</p>	
<p>ADDITIONAL COVERAGE</p>			<p>Form/Page/ Para Reference</p>
<p>Out-of-Network Coverage</p> <p>Model Language Used?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Model Language</p>	<p>If out-of-network coverage has been selected, this policy or contract form provides benefits for covered services that are received from out-of-network providers and have not been approved by the insurer to be covered on an in-network basis.</p> <p><i>Note: The Department will not approve more than a 30% differential between in-network and out-of-network coverage unless supported by scholarly literature or actual claims experience of the insurer.</i></p>	
<p>PROVIDER NETWORK</p>			
<p>Dental Provider Networks</p>	<p>§3201(c)</p> <p>§3241</p>	<p>Insurers with a network of health care providers must submit the network to DFS for network adequacy review. Insurers shall ensure that the network is adequate to meet the health care needs of insureds and provide an appropriate choice of providers sufficient to render the services covered under the policy or contract. Please refer to Department's website, http://www.dfs.ny.gov/insurance/ihealth.htm, for instructions regarding the review of networks.</p> <p>In general, a network is adequate if it has providers in each of the following provider types per county: two General Dentists, two Orthodontists, one Pedodontist, and one Oral Surgeon.</p>	<p>Form/Page/ Para Reference</p>

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		Provide the state tracking number of the filing containing the information described above:_____.	
ACTUARIAL SECTION FOR NEW PRODUCT RATE FILINGS ONLY		<p><i>Complete this section for all new product forms filings except those filings where a rate filing is unnecessary because: (select one)</i></p> <p><input type="checkbox"/> <i>The submission contains only application forms, disclosure statements, and/or advertising, OR</i></p> <p><input type="checkbox"/> <i>The submission is an out-of-state filing pursuant to Section 3201(b)(2), OR</i></p> <p><input type="checkbox"/> <i>The form submission has no premium rate implications and a letter or actuarial memorandum is enclosed that states and justifies this as appropriate.</i></p> <p><i>For rate changes to existing products, do NOT complete this section – complete the Existing Products-Rate Requirements section below.</i></p>	Form/Page/ Para Reference
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <p>a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and</p> <p>b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries.</p>	
Justification of Rates	§3221 11 NYCRR 52.40(e) 11 NYCRR 52.40(f) 11 NYCRR 52.40(g) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<p>a. Development of manual rates including actuarial assumptions used and justification thereof.</p> <p>b. Provide rating methodology including experience rating formula.</p> <p>c. Provide all elements of the formula, such as claims run-off, credibility and trend factors.</p> <p>d. Provide actuarial justification of all assumptions used.</p> <p>e. Non-claim expense components as a percentage of gross premium.</p> <p>f. Expected loss ratio(s).</p>	
Loss Ratios	11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	Expected loss ratio(s) – with actuarial justification	
Reserve Basis	11 NYCRR 94	Description of bases for unpaid claim liabilities and extra reserves (if any).	
Actuarial Certification	11 NYCRR 52.40(a)(1)	<p>a. The filing is in compliance with all applicable laws and regulations of the State of New York.</p> <p>b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans” as adopted by the Actuarial Standards Board.</p> <p>c. The expected loss ratio meets the minimum requirements of the State of New York.</p> <p>d. The benefits are reasonable in relation to the premiums charged.</p>	

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		e. The rates are not unfairly discriminatory.	
Expected Loss Ratio Certification	11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	The expected loss ratio is: ██████████	
GROUP RATE MANUAL	11 NYCRR 52.40(e)(2) 11 NYCRR 52.40(e)(3) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of rating classes, factors and premium discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s). 	
ACTUARIAL SECTION FOR EXISTING PRODUCT RATE FILINGS ONLY		<p><i>Complete this section for all filings of changes in rates (e.g., rate increases/decreases or changes in rate calculation rules or procedures), commissions or underwriting to existing products.</i></p> <p><i>(For new products, do NOT complete this section – complete the New Products-Rate Requirements section above instead.)</i></p>	
ACTUARIAL MEMORANDUM	11 NYCRR 52.40(a)(1)	<p>Actuarial qualifications:</p> <ul style="list-style-type: none"> a. Member of the Society of Actuaries or member of the American Academy of Actuaries; and b. Meet the “Qualification Standards of Actuarial Opinion” as adopted by the American Academy of Actuaries. 	
Justification of Rates	11 NYCRR 52.40(e) 11 NYCRR 52.40(f) 11 NYCRR 52.40(g) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Description of proposed changes in coverage, rates, commissions, underwriting rules, etc. b. History of previous New York rate revisions. c. Provide New York and nationwide claims experience respectively, including: <ul style="list-style-type: none"> (i) Earned premium; (ii) Paid and incurred claims; and (iii) Incurred loss ratios. d. Actuarial justification of proposed rates revision (increase/decrease). e. Non-claim expense components as a percentage of gross premium. f. Impact on rates as a result of each of the changes with actuarial justification. g. Expected loss ratio(s) after the proposed changes. 	
Actuarial Certification	11 NYCRR 52.40(a)(1)	a. The filing is in compliance with all applicable laws and regulations of the State of New York.	

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		<ul style="list-style-type: none"> b. The filing is in compliance with Actuarial Standard of Practice No. 8 “Regulatory Filings for Rates and Financial Projections for Health Plans”. c. The expected loss ratio meets the minimum requirements of the State of New York. d. The benefits are reasonable in relation to the premiums charged. e. The rates are not unfairly discriminatory. 	
Expected Loss Ratio Certification		The expected loss ratio is: 	
REVISED RATE MANUAL PAGES	11 NYCRR 52.40(e)(2) 11 NYCRR 52.45(f) 11 NYCRR 59.5(b)	<ul style="list-style-type: none"> a. Table of contents. b. Rate pages. c. Insurer name on each consecutively numbered rate page. d. Identification by form number of each policy, rider, or endorsement to which the rates apply. e. Brief description of benefits, types of coverage, limitations, exclusions, and issue limits. f. Description of revised rating classes, factors and discounts. g. Examples of rate calculations. h. Commission schedule(s) and fees. i. Underwriting guidelines and/or underwriting manual. j. Expected loss ratio(s). 	