Exhibit 15b
MHPAEA Compliance Certification

I, _____, certify that the mental health and substance use disorder
[name of Company Officer]

(MH/SUD) benefits applicable to this filing by _____ comply with the Mental
[name of health insurer]

Health Parity and Addiction Equity Act and any regulations promulgated thereunder (MHPAEA). The medical/surgical and MH/SUD benefits applicable to this filing have been tested for compliance with MHPAEA's financial requirements and quantitative treatment limitations rules, including the Substantially All and Predominant tests. This compliance certification pertains to the medical and behavioral benefit designs provided by _____ and does not opine on the
[name of health insurer]

compliance of any wellness or incentive programs that _____ may choose to offer.
[name of health insurer]

To measure compliance with MHPAEA, we completed a Mental Health Quantitative Test Worksheet provided by the Department of Financial Services via SERFF for all plans included in this filing, and based on the results of this testing, the cost-sharing for all plans was found to be MHPAEA compliant.

I am an officer of _____ with knowledge of the issuer's comprehensive
[name of health insurer]

medical expense products and the laws and regulations applicable to those products. To the best of my knowledge and belief the above information is true, accurate and complete.

Signature: _____

Printed name and title: _____

Date:_____ Phone: _____

Email Address:_____