

**CONNECTICUT HEALTH INSURANCE EXCHANGE
d/b/a ACCESS HEALTH CT**

PLAN YEAR 2027

**STAND-ALONE DENTAL PLAN SOLICITATION
FOR
PARTICIPATION IN THE INDIVIDUAL AND/OR
SMALL BUSINESS HEALTH OPTIONS PROGRAM
(SMALL GROUP)
MARKETPLACES**

APRIL 20, 2026



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I. Overview

A. Purpose

The Connecticut Health Insurance Exchange (Exchange) dba Access Health CT is soliciting applications from eligible Dental Insurance Issuers (Issuers) to market and sell Stand-Alone Dental Plans (SADPs) through the Access Health CT Individual and/or Small Group marketplaces for the 2027 plan year.

This document defines the SADP certification and data submission requirements an Issuer must comply with to participate on the Exchange. All requirements listed herein pertain to both the Individual and Small Group marketplaces, unless otherwise expressly noted.

To receive certification, the Issuer and its dental plans must comply with all federal and state statutory requirements, as well as the standards set by Access Health CT. Aspects of the certification process include close coordination and collaboration with the Connecticut Insurance Department (“CID”), the entity that is responsible for form and rate review and approval.

In setting the certification requirements, Access Health CT was guided by its mission to increase the number of insured residents in Connecticut, improve health care quality, lower costs, and reduce health disparities through an innovative, competitive marketplace. This Application reflects the criteria approved by the Access Health CT Board of Directors and that it deems are in the best interest of individuals and employers with a principal place of business in the State of Connecticut.

B. Why Access Health CT

Access Health CT is Connecticut’s trusted health and dental insurance marketplace, offering unmatched opportunities for Issuers to expand their market presence, connect with consumers, and benefit from statewide promotion.

- **Easy to Shop and Compare:** Certified Issuers may offer plans on our statewide marketplace, and our integrated platforms make it easier for individuals and small businesses and their employees to compare plans and buy health or dental insurance.
- **Enrollment Support:** Consumers can enroll online, by phone or in person at one of Access Health CT’s hosted Enrollment Fairs or community partners throughout the state and have access to free help with their application.
- **Development:** We continue to invest in technology. Access Health CT launched the Business Plus platform in July 2025 to support Individual Health Reimbursement Arrangements (IHRAs) for employers and employees, thereby offering another option for small businesses in Connecticut to offer health insurance coverage to their employees. Access Health CT is also planning extensive system enhancements to simplify the shopping, application, and enrollment experience in mid-2027.
- **Promotion Across Connecticut:** Issuers benefit directly from our multi-million-dollar mass media and advertising campaigns that boost awareness and engagement across the state.

C. Non-Binding Notice of Intent (Pre-Requirement)

All Issuers interested in responding to this solicitation must submit the Non-Binding Notice of Intent (NBNOI) to apply. Only those Issuers acknowledging interest by submitting the NBNOI will receive Solicitation and/or Application-related correspondence.

All questions to, and requests for, information from Access Health CT concerning this Solicitation by a prospective Issuer or a representative or agent of a prospective Issuer, should be directed to the following e-mail address: CTHIX-Issuers@ct.gov.

All answers to questions, and any Addenda, will be made available to all prospective Issuers.

D. Key Action Dates

The following schedule includes key dates and deliverables pertinent to Issuer and SADP certification. These dates are subject to change and any subsequent updates will be communicated directly to the individual identified in the Non-Binding Notice of Intent.

Action	Dates <i>(Dates subject to change)</i>
Issuer Non-Binding Notice of Intent Due to Access Health CT	April 27, 2026
Release of Issuer Application and Appendixes	May 1, 2026
Rate and Form Filings Due to Connecticut Insurance Department	June 1, 2026
Completed Application, Templates and Supporting Documents Due to Access Health CT	June 1, 2026
Issuer Submits Draft Marketing Materials for Review	June 1, 2026 – September 30, 2026
Certification Process Commences	June 1, 2026
Issuer Reviews and Approves Data in Staging System*	September - October
Final Templates and SOB/EOC Documents Due to Access Health CT	Within 5 Business Days of CID Approval
Access Health CT Certifies Submitted Plans	October 30, 2026
Window Shopping Begins	Generally, one week prior to Open Enrollment
Commence Plan Year Open Enrollment Period	November 1, 2026
<i>*Final due date for this task will be provided once available</i>	

E. Window Shopping & Open Enrollment

Access Health CT plans to offer “Window Shopping” which allows individuals to begin reviewing plans, typically about one week prior to the start of open enrollment.

Open enrollment for the Individual marketplace will begin on November 1, 2026, and will end by December 31, 2026. Access Health CT reserves the right to modify the dates of this open enrollment period. Open enrollment for the Small Group marketplace also begins on November 1, 2026, for plan year 2027 and continues on a rolling basis throughout the plan year.

II. SADP Application Components and Certification Requirements

A. General Overview

This section outlines the various components that Access Health CT plans to require for Plan Year 2027 SADP certification. The forthcoming Application will include both Appendix 1: Required Templates and Supporting Materials, and Appendix 2: Access Health CT Application Reference Materials.

Access Health CT is responsible for certifying SADPs and ensuring that plans remain compliant with Access Health CT's SADP certification requirements, as well as requirements set by the Connecticut Insurance Department, and the U.S. Department of Health and Human Services (HHS). Issuers are required to adhere to all the certification standards and operational requirements set forth in 45 C.F.R. Parts 155 and 156. Issuers must also maintain responsibility for the compliance and adherence of applicable requirements of their delegated and downstream vendor and contractor entities per 45 C.F.R. §156.340. Federal regulations (45 C.F.R. 155.1000) allow the Exchange discretion to deny certification of plans that meet minimum certification standards but are not ultimately in the interest of consumers. Access Health CT is subject to the Freedom of Information Act (FOIA) per Connecticut General Statutes §38a-1090, with specific exceptions to protect privacy consumers or employers as well as information exchanged with certain public agencies.

Access Health CT is also accepting applications from Issuers for "Off-Exchange certification only" for SADPs offered outside of the Access Health CT Exchange effective January 1, 2027. This is to provide Issuers with a method to be reasonably assured that a consumer can obtain coverage of the pediatric dental Essential Health Benefit (EHB) when purchasing coverage through a combination of a medical policy that does not embed pediatric dental and an Exchange-certified SADP, thereby acquiring all ten categories of EHB between these policies.

In addition to submitting a signed Access Health CT SADP Application, Issuers:

- Applying to market and sell SADPs through the Access Health CT marketplaces (Individual and/or Small Group) must submit both Issuer-level information and plan benefit and rate data, largely through standardized Federal data templates via the System for Electronic Rate and Form Filing (SERFF). Associated addendums, attestations, justifications, and other supporting documents must also be submitted through the SERFF.
- Requesting "certification only" for "Off-Exchange" SADPs must submit plan benefit data through a standardized Federal data template and the supporting documents through the SERFF.

Access Health CT will coordinate with the National Association of Insurance (NAIC) SERFF team and facilitate the interchange of necessary information as required. Each licensed Issuer applicant should submit one binder per market and per product, if applicable.

The Application, Appendixes, and any related materials may be amended by addenda as necessary to ensure compliance with state and federal laws as well as refinement of submission instructions or documents.

B. Non-Discrimination

Issuers must comply with the non-discrimination requirements outlined in Section 1557 of the ACA and 45 C.F.R §156.

C. Licensure and Financial Condition

Consistent with 45 C.F.R. §156.200(b)(4), Access Health CT requires participating Issuers to be licensed by the CID as well as have a designation of good standing. The licensing and monitoring functions are the responsibility of the CID. The following are some examples of a designation of good standing:

- CID has not restricted an Issuer's ability to underwrite new health plans.

- Issuer is not in hazardous financial condition.
- Issuer is not under administrative supervision.
- Issuer is not in receivership.

Issuers applying for SADP certification must be able to demonstrate state licensure and good standing prior to the beginning of the annual open enrollment period. Access Health CT will obtain information regarding an Issuer's state licensure and good standing designation directly from the CID.

D. Regulatory Filings

In accordance with Connecticut state law, all fully insured Individual and Small Group products, must have forms and rates filed with and approved by the CID in advance of an Issuer presenting the product to the market for sale.

Determinations by Access Health CT to certify a health plan as "qualified" will be conditional upon the CID approving rate and form filings, as well as confirming certification of good standing, financial solvency, and provider network adequacy. Access Health CT will work directly with the CID to obtain the appropriate documentation confirming compliance.

E. Accreditation

Consistent with the approach used for Federally Facilitated Marketplaces (FFMs), SADP Issuers will not be reviewed for accreditation status.

F. Applicant Company Information

The Issuer must provide the name and address of the legal entity that has obtained the Certificate of Authority to offer dental insurance policies in the State of Connecticut. This information must match the information on file with the CID. The Issuer will also be asked to provide contact information for individuals with responsibility for the SADPs and benefit design. A list of vendors and third-party administrators that the Issuer contracts with for Exchange products will be requested.

Contact information for the Issuer's Customer Service department will be requested, as well as clarifying information about billing and ID cards for both new and existing members. Copies of current billing invoices and non-payment termination notices will also be requested. This information will be shared with Access Health CT's contact center to support consumer inquiries.

NEW 2027: Information will be requested regarding whether certification is being sought on or off exchange and the number of plans to be offered. Additional clarifying information for some operational policies on pro-ration will also be requested in this document.

G. Compliance Plan and Organizational Chart

For new Issuers only, Access Health CT will request a compliance plan and an organizational chart as part of the SADP Application. The compliance plan is intended to document the Issuer's efforts to ensure that appropriate policies and procedures are in place to maintain adherence with Federal and State law as well as to prevent fraud, waste, and abuse. All Issuers, regardless of whether this is the first year of certification or a subsequent year, will be required to attest that their compliance plan adheres to all applicable laws, regulations, and guidance. Access Health CT expects an Issuer's compliance program to include the following elements:

- Designation of a compliance officer and compliance committee.
- Written policies and procedures and documentation of proven adherence.
- Effective communication among all levels of the company ensuring a shared responsibility to compliance.
- A record retention policy, not less than 10 years.
- Compliance education and an effective training program.

- Compliance metrics as part of an employee performance appraisal process and compliance standards enforced through well-publicized disciplinary guidelines.
- An internal audit process and the monitoring of such.
- Corrective action plan initiatives to monitor and respond to detected offenses.
- A statement of corporate philosophy and codes of conduct.

H. Performance Oversight

Access Health CT intends to monitor and evaluate an Issuer’s performance using information received by Access Health CT from sources including but not limited to the CID, Office of Healthcare Advocate, consumers, and providers. Access Health CT will utilize complaint data, self-reported problems, information related to consumer service and satisfaction, health care quality and outcomes, SADP Issuer operations, and network adequacy in its assessment of Issuers’ performance in the Access Health CT marketplace.

Access Health CT expects Issuers to thoroughly investigate and resolve consumer complaints received directly from members or forwarded to the Issuer by Access Health CT or any other individual or organization through the Issuer’s internal customer service process and as required by state law. As part of compliance and performance monitoring, Access Health CT reserves the right to require Issuers to provide information pertaining to complaints.

I. Market Participation

An Issuer may elect to participate on the Access Health CT marketplace or request “Off-Exchange” certification in either the Individual marketplace or Small Group marketplace, or both. Issuers are permitted to market and sell SADPs through Access Health CT without marketing and selling Qualified Health Plans (QHPs) through Access Health CT.

Access Health CT will grant SADP certification for one year, providing Issuer meets all requirements. Issuers interested in offering SADPs through the Access Health CT marketplace in subsequent plan years must seek recertification on an annual basis.

If offering plans in the **Small Group** marketplace, the Issuer must agree to fully participate in each of the Access Health CT purchasing options offered to small employers (either combined with a Qualified Health Plan (QHP), or as a single product). The options are defined below:

Issuer Bundle (Vertical Choice):	Single Plan (Single Choice):
Allows an eligible employer to offer their eligible employees plan options from all available plans from any one selected Issuer.	Allows an eligible employer to offer their eligible employees one plan design from any one Issuer.

Note: Access Health CT reserves the right not to operationalize the options outlined above should there be an insufficient number of certified SADPs offered via the Small Group marketplace.

J. Plan Options

Each SADP must comply with the benefit standards required by the ACA, federal regulations, the State of Connecticut, and Access Health CT, including:

- Cost sharing limits.
- Actuarial value (“AV”) requirements.
 - Each plan must have the actuarial value of coverage for pediatric dental essential health benefits certified by a member of the American Academy of Actuaries using generally accepted actuarial principles and reported to the Exchange.
- Federally approved State-specific Essential Health Benefits (EHB).

- All SADPs offered through Access Health CT's marketplace and those certified for 'off-exchange' must include, at a minimum, the Connecticut specific EHBs for pediatric oral care. No substitution of actuarially equivalent benefits will be allowed. To view these benefits, refer to the Connecticut exhibit found at the following CMS URL:
<https://www.cms.gov/ccio/resources/data-resources/ehb#Connecticut>.

Standardized plan designs promote transparency, ease, and simplicity for comparison-shopping by enrollees. Access Health CT has developed a standardized plan design that contains defined in-network only cost sharing as well as waiting period and plan maximum for adults for the Individual and Small Group markets.

Issuers interested in obtaining SADP certification for On and/or Off Exchange from Access Health CT for the 2027 Plan Year must submit the Access Health CT standardized SADP, including the option to provide out-of-network coverage at the choice of the carrier, subject to form filing approval by the Connecticut Insurance Department.

The standardized plan design for plan year 2027 for the Individual and Small Group marketplaces can be found within the "Health Plan Information" tab on Access Health CT's website,
<https://agency.accesshealthct.com/healthplaninformation#one>.

Issuers are encouraged to submit up to three (3) non-standard SADP designs, in each marketplace an issuer participates in, that comply with federal, state and Access Health CT specific requirements.

- Access Health CT will require SADP Issuers to waive the waiting period for Basic and Major Services for new adult enrollees when proof of prior coverage for those services is submitted from prior dental coverage and when the termination date is no more than 30 days prior to the coverage effective date.
- An Issuer must offer a child-only SADP option at the same level of coverage(s) as any SADP offered through the Access Health CT Individual and Small Group marketplaces in accordance with 45 C.F.R. §156.200(c)(2). An enrollee seeking child-only coverage may obtain that coverage through the purchase of a single SADP with applicable rating for child-only coverage.

a. Plan Submissions

Limited scope dental benefits are excepted benefits when provided under a separate policy, certificate, or contract of insurance, or when they are otherwise not an integral part of the plan in accordance with the Public Health Service (PHS) Act section 2791(c)(2)(A). Therefore, an SADP is not subject to the insurance market reform provisions of the ACA that amend the PHS Act, such as guaranteed availability and renewability of coverage outlined in 45 C.F.R §147.106. However, to support automatic re-enrollment, Access Health CT will apply a crosswalk process for SADPs.

Issuers currently participating in the Access Health CT Individual and/or Small Group marketplaces must provide information pertaining to the actions the Issuer intends to take with each SADP to be offered in 2027 by completing and submitting the applicable Plan ID Crosswalk template.

For **Individual** plans, Issuers must complete and submit the "Plan ID Crosswalk template", which will be provided in Appendix 1.

NEW 2027: For **Small Group** plans, Issuers must complete and submit the "Plan ID Crosswalk Template", which will be provided in Appendix 1. The Federal Plan Crosswalk is no longer required for Small Group.

If an SADP has been modified in a manner by which it does not meet the criteria specified in the regulations 45 C.F.R. §146.152 (f)(3), §147.106 (e)(3), and §148.122 (g)(3)). Access Health CT will consider it to be a new SADP.

HIOS Plan ID's and Plan Marketing Name's included in the Crosswalk Template must match the data listed within the Federal Plans & Benefits Template (PBT).

K. Marketing Guidelines

All Issuer marketing materials for any SADP offered through the Access Health CT marketplace must be reviewed and approved in advance. Issuers shall provide to the Exchange “draft” documents to Access Health CT at least 90 days in advance of the commencement of Open Enrollment. Issuers must allow up to fifteen (15) business days for Access Health CT’s review and approval prior to the materials being published and/or released. Copies of final marketing materials intended for public use (in connection with Open Enrollment or otherwise) should be provided to the Exchange at least 30 days in advance of distribution. Required materials include benefit comparison charts, renewal notices, and product brochures.

The Issuer’s website must include direct links to Access Health CT’s website. Access Health CT’s toll-free customer service number and TTY telephone number for hearing impaired persons on their website and marketing materials.

a. Co-Branding

Access Health CT does not allow co-branding. Issuers are not allowed to use Access Health CT’s name or logo in any of their marketing materials without express written prior approval. In addition, Issuers’ marketing material cannot include a reference to the “Exchange”, “marketplace”, “Connecticut Exchange”, or any other word or sequence of words used with the intent to express a connection with Access Health CT, or which may lead a consumer to reasonably assume a connection between Access Health CT and the Issuer exists, without express prior approval from Access Health CT.

b. Plan Marketing Name Requirements

Access Health CT requires the Issuer’s Plan Marketing Names to be consumer friendly and in plain language.

- Plan Marketing Name must be consistent with those that appear on Issuer websites, marketing, and member materials.
- Character limit is 75 characters.
- Include the term “Standard” for the required standardized plan
- Include commonly used abbreviations such as “PPO” or “DMO”
- Do not include internal coding, numeric values and/or special characters (e.g., “%”, “#”, “\$, etc.) .

c. Company Logo

Issuers applying to the Access Health CT Individual or Small Group marketplace for the first time, or existing Issuers with a change to their current logo must provide the company logo. An electronic image of the Issuer’s logo must be provided to differentiate the Issuer’s products for display on the Access Health CT marketplace shopping screens. AHCT will require two distinct formats:

- Individual - JPEG, GIF, or BMP file and must be 140x50 pixels.
- Small Group - SVG format.

L. Consumer Information

a. URLs

Access Health CT requests all URLs that will be utilized during open enrollment be provided before becoming functional. URLs will be populated into staging systems and tested once made functional by the Issuer. Access Health CT expects the provided URLs will not be changed after the initial submission.

For **Individual and Small Group (NEW 2027)** plans, Issuers will provide the full Provider Directory (Network) URLs by completing the “URL Submission Template” which is provided in Appendix 1.

1. Provider Directory

Pursuant to 45 C.F.R. 156.230(b), Issuers must make their provider directories available to Access Health CT for publication online by providing the URL for the Issuer’s network directory.

The URL submitted must link directly to the provider directory, so that consumers do not have to log on, enter a policy number, or otherwise navigate the Issuer's website before locating the directory.

If an Issuer maintains multiple provider networks, the consumer must be able to easily discern which providers participate in which plans and which provider networks apply to which SADP(s). Access Health CT will not certify any SADP unless the URL is a direct link to the provider directory search tool for the specific SADP.

For each provider and regardless of specialty, the provider directory must include location, contact information, specialty, dental group, institutional affiliation, and whether the provider is accepting new patients. Access Health CT requires Issuers to include an option for consumers to search the directories by filtering those providers that are accepting new patients versus those that are not. The Issuer is expected to update its provider network directory at least once a month.

Upon request, Access Health CT may also require Issuers to submit up-to-date, accurate and complete in-network provider directories to Access Health CT for each SADP network in a searchable PDF or in an unprotected excel format.

Access Health CT SADP Issuers are responsible for complying with the culturally and linguistically appropriate standards outlined at 45 C.F.R. §155.205(c) regarding oral interpretation, written translations, taglines, and website translations. Access Health CT encourages Issuers to include languages spoken, provider credentials, and whether the provider is an Indian Health Services provider. Directory information for Indian Health Service providers should describe the population served by each provider.

2. Summary of Benefits and Coverage (SBC)

The Summary of Benefits and Coverage (SBC) is not required for SADPs in accordance with the Summary of Benefits and Coverage and Uniform Glossary Final Rule (77 FR 8670).

b. Enrollee Materials

1. Draft Schedule of Benefits (SOB)

NEW 2027: Access Health CT has removed all SOB/EOC guidance from the application. Refer to the "Supplemental Guidance for Completing the Schedule of Benefits and Evidence of Coverage", which will be provided in Appendix 2 for requirements.

For both Individual and Small Group plans, Issuers will be required to submit the draft Schedule of Benefits (SOB), without variable text, and as a portable document format (PDF) for each unique offering that depicts the cost sharing for each plan to Access Health CT in English.

Exception: the plan marketing name should be in variable text.

Issuers are required to utilize the Access Health CT Schedule of Benefits (SOB) template for all SADPs offered on the exchange. This is to ensure a consistent display of benefits to consumers. The template can be found within the 'Health Plan Information' tab on Access Health CT's website, <https://agency.accesshealthct.com/healthplaninformation#one>.

2. Final Schedule of Benefits (SOB) and Evidence of Coverage (EOC)

Following approval by the CID, Issuers must submit the final combined SOB/EOC documents within 5 business days.

NEW 2027: Beginning with Plan Year 2027, Issuers are no longer required to submit the final SOB/EOC as a combined document. Issuers should provide the final SOB and final EOC separately via SERFF. Documents will be posted separately on the Access Health CT portal.

In addition, the final SOB and EOC are required in both English and Spanish for Individual and Small Group.

b. Pay Now: New Option for Issuers to Offer

Starting in 2026, Access Health CT now supports a “Pay Now” option for consumers to make their binder payment immediately upon enrollment into a new plan. This requires Access Health CT to build a connection within the consumer application that connects to the payment portal of the selected Issuer. Issuers who are interested in working with Access Health CT to offer the “Pay Now” option should notify Access Health CT early in the certification process, as implementation can take up to 9 months contingent on Access Health CT's system release schedule as well as the Issuer's ability to implement in their system and complete integration testing. Issuers may indicate if they would like to participate in the “Pay Now” process via the “Applicant Company Information” document found in Appendix 1.

c. Provider Data Files

Issuers must also make provider information available to Access Health CT in a machine-readable format using JavaScript Object Notation (JSON). The data must be updated at least monthly and will be imported by Access Health CT as updates are required. The files are not intended for direct consumer use, but to support the consumer's shopping experience within the Access Health CT shopping portal. More information is provided in Appendix 2 document “Provider Data Requirement Documentation”.

New Issuers must begin submitting recurring submissions to Access Health CT at least monthly beginning June 1. Existing Issuers will need to submit provider data to Access Health CT for the current and upcoming plan years starting in September. The final file must be received by mid-October for Open Enrollment.

M. Eligibility and Enrollment

a. Individual Marketplace

Access Health CT is responsible for the enrollment process and all eligibility determinations of individuals and families. In addition, all eligibility changes must be made through Access Health CT and Access Health CT will perform primary verifications through the Federal Data Services Hub (FDSH).

Licensed certified brokers, as defined in 45 C.F.R. §155.20, may assist individuals and/or their authorized designees with SADP selection and Access Health CT may provide enrollment assistance.

Please refer to 45 C.F.R. §155 for eligibility requirements. All eligibility determinations, re-determinations and changes will be made in accordance with federal and state law and in accordance with the terms of the Issuer Agreement and any related transactions between the Issuer and Access Health CT, which serve to amend or clarify such documents or applications of law. Access Health CT will distribute an 834 Companion Guide and Enrollment Reconciliation Carrier Guide on an annual basis via the Appendix to participating Issuers, which will include the specifics regarding transactions and the coding of transactions and ensuring accuracy between enrollment system.

b. Small Group Marketplace

Licensed certified brokers, as defined in 45 C.F.R. §155.20, may assist small employers, and the employees of those groups, with SADP selection and Access Health CT may provide enrollment assistance.

Access Health CT's Small Group vendor transfers data electronically between the vendor and Issuers. The Small Group vendor produces a single premium invoice to the small employer for the total premium dollars due. The small employer remits the premium due (both employee and employer contributions) to the Small Group vendor. The Small Group vendor processes the small employer premium payments by disbursing the applicable amount to the appropriate Issuer. The Small Group vendor is also responsible for sending an aggregated broker commission payment to the individual brokers for all enrollees the broker has assisted.

N. Rate Specifications and Details

Issuers participating in the Access Health CT **Individual** marketplace must agree to offer SADPs to any eligible consumer seeking to purchase such coverage for a term of up to twelve (12) months for coverage beginning on January 1st of a given plan year, or a term that shall last for the remainder of the plan year when

coverage starts on February 1st or later in a given plan year. Rates must be set for the entire plan year. For any instance of partial month's coverage in the case of birth/adoption/foster child or death, Access Health CT will prorate premium in its enrollment system.

Issuers participating in the Access Health CT **Small Group** marketplace must permit a qualified employer to purchase coverage for its Small Group at any point during the year. The employer's plan year must consist of the 12-month period beginning with the qualified employer's effective date of coverage as defined in 45 C.F.R. §155.726(b). Issuers offering SADPs through the Access Health CT Small Group marketplace must also charge the same contract rate for each month of the applicable small employer's policy year in accordance with 45 C.F.R. § 156.286(a)(3).

The Issuer will also agree to offer its SADPs during special enrollment periods to eligible enrollees, and their eligible dependents when applicable, who may experience a valid change in circumstances as defined in 45 C.F.R. §155.420 for the Individual marketplace and 45 C.F.R. §155.726(c) for the Small Group marketplace. Access Health CT also grants a SEP for individuals who have been certified as pregnant within the last 30 days per Connecticut PA 18-43.

While SADPs are defined as excepted benefits within the meaning of section 2791(c) of the Public Health Service Act, resulting in Issuers of SADPs not being required to follow the rating standards set forth in the final Market Reform Rule for purposes of pricing stand-alone dental coverage, Access Health CT requires SADPs to adopt the rating area and premium development methodology of medical QHP plans in Connecticut for consistency.

Issuers should refer to the CID for guidance on rate filing for the Individual and Small Group markets.

- **Family Composition** – Access Health CT will require Issuers to add up the premium rate of each family member to arrive at a family rate as described in 45 C.F.R. 147.102(c)(1). However, the rates of no more than the three oldest covered children who are under age twenty-one would be used in computing the family premium.
- **Dependent Age Limit** – Access Health CT will require Issuers to cover eligible dependent children through the end of the plan year in which he or she attains the age of twenty-six.
- **Guaranteed Rates** - In accordance with 45 C.F.R. 156.210(d)(2), Access Health CT will require Issuers to submit guaranteed rates for both the Individual and Small Group marketplaces.

Issuers may implement a premium payment threshold for purposes of determining grace periods as outlined in 45 C.F.R §155.400(g).

O. Federal Data Templates and Supporting Materials

The Federal data templates listed below must be submitted within the Plan Management tab of the System for Electronic Rate and Form Filing (SERFF). All templates must be completed as part of the application process to obtain SADP Certification for each plan design intended for sale on the 2027 Access Health CT Individual and/or Small Group marketplaces. Access Health CT will extract specific information from these templates to populate the consumer shopping display screens within the Access Health CT consumer shopping portals.

Information and instructional guidance on the 2027 Federal data templates and related materials can be obtained at <https://www.qhpcertification.cms.gov/s/Application%20Materials>.

Note: If changes are made to the original SERFF submission, an explanation detailing the changes within SERFF must be included.

The following identifies the required Federal Data Templates for certification and outlines Access Health CT requirements or tips for completing each template.

a. Plan & Benefits Template

Collects plan, benefit, and cost-sharing information for each plan to be offered via the Exchange. Required for both Individual and Small Group.

- HIOS Plan ID's and Plan Marketing Name used in the PBT should be consistent across other templates and documents.
- If a benefit feature is not supported in the Cost Share Variances tab, include cost share(s)/clarifying text in the 'Benefits Explanation' field of the Benefits Package tab. Include a notation regarding a calendar year maximum and/or a waiting period that may apply for adult benefits.
- \$0 copay and/or 0% Coinsurance should be entered to represent that an enrollee does not have any cost-sharing responsibility for the benefit. **Do not use "No Charge" to represent this, as this is not an option for Access Health CT submissions.**
- Include a notation regarding a calendar year maximum and/or a waiting period that may apply for adult benefits. Pediatric dental is an Essential Health Benefit (EHB) and cannot be subject to either a calendar year maximum or a waiting period.
- Access Health CT will not be utilizing the 'Plan and Benefits Light' template for off-Exchange only plans that was referenced in the PBT description within the Templates tab of the SERFF binder.

b. Network Template

Collects provider network ID for each provider network. Required for both Individual and Small Group.

Do not include Network IDs on this template that are not associated with a plan included in a PBT submitted for either the Individual or Small Group marketplace.

c. Service Area Template

Collects information on the Service Areas available for each plan to be offered via the Exchange. Required for both Individual and Small Group.

Access Health CT continues to use eight county rating areas as approved by CID and CMS for both the Individual and Small Group markets and has not transitioned to use the nine regional planning areas adopted by the U.S Census Bureau in 2022. Access Health CT currently requires Issuers to offer SADPs in all counties identified below.

RATING AREA	COUNTY
Rating Area 1	Fairfield
Rating Area 2	Hartford
Rating Area 3	Litchfield
Rating Area 4	Middlesex
Rating Area 5	New Haven
Rating Area 6	New London
Rating Area 7	Tolland
Rating Area 8	Windham

d. Rate Data Template

Collects rate data by plan, by rating area for each age band to be offered via the Exchange. Required for both Individual and Small Group.

When entering rates in the Rates Table template, select one rating area ID per each set of rates per plan, regardless of whether the same set of rates is offered in more than one rating area. Do not select multiple area IDs for a set of rates.

e. Rating Business Rules Template

Defines rating business rules to calculate rates/determine if a consumer is eligible for coverage under the plan. Required for both Individual and Small Group.

The following table includes information required in the Rating Business Rules Template that Issuers must submit within the binder in the Plan Management section of SERFF.

Data Field	Expected Response
What is the maximum number of rated underage dependents on this policy?	3
Is there a maximum age for a dependent? <i>Note: CMS has clarified maximum age for a dependent for purposes of eligibility at policy issuance or renewal.</i>	Yes (age 25)
How is age determined for rating and eligibility purposes?	Age on effective date
How is tobacco status returned for subscribers and dependents?	Not Applicable
What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?	Self Spouse Child Foster Child Stepson/Stepdaughter Life Partner Ward Other Relationship No – dependent is not required to live in the same household as the primary subscriber

f. Plan Crosswalk Template

NEW 2027: As of 2027, the Federal Plan Crosswalk Template is no longer required for Small Group.

A separate crosswalk template will be provided by Access Health CT for both Individual and Small Group.

g. URL Template

NEW 2027: As of 2027, the Federal URL Template is no longer required for Small Group.

A separate URL template will be provided by Access Health CT for both Individual and Small Group.

h. Supporting Documentation/Justifications

In addition to the submission of the required Federal Data templates, CMS and Access Health CT specific supporting documentation, attestations and justifications are also required, as applicable, to complete the certification process. These documents must be submitted within the Supporting Documents tab in the Plan Management section of the SERFF.

i. Issuer Accountability

Application Review Tool Results:

The Issuer will be required to utilize and provide results from the QHP Application Review tools listed below and developed by CMS to demonstrate that all errors have been corrected prior to each data submission to Access Health CT. Tools and results sent to Access Health CT must be based on the template data sent via SERFF. Workbook names within the CMS tools submitted to Access Health CT should match the name of the template submitted via SERFF so that Access Health CT can verify the correct workbook was used to run the tools during the review process. An explanation of remaining warnings or errors must be submitted to Access Health CT. Revised tools are expected when changes are made to any federal template, and Issuers should validate they are using the most current version of the tools.

➤ **Data Integrity Tool (DIT)**

- Run all tool components except ECP templates.

j. Program & Connecticut Attestations

Consistent with the ACA, the Issuer must agree to comply with the minimum certification standards with respect to each SADP on an ongoing basis. Attestation language will cover the minimum certification standards required by CMS, the State, and/or Access Health CT and will cover an Issuer's existing operations as well as any contractual commitments needed to meet Access Health CT requirements. Attestations can be found in Appendix 1.

P. Reporting Requirements

Access Health CT will follow CMS guidance outlined in the "Final 2026 Letter to Issuers in the Federally Facilitated Exchanges" regarding not subjecting SADPs to the Quality Reporting and Quality Improvement Strategy standards at this time.

Q. Network Adequacy

a. General Requirements

Pursuant to 45 C.F.R. § 156.230(a)(2), an Issuer of an SADP that has a provider network must maintain a network that is sufficient in number and types of providers, to assure that all services will be accessible to enrollees without unreasonable delay. Issuers will need to attest that they meet this standard as part of the certification/recertification process. Issuers must also provide information about their existing networks such as composition, tiering, and out-of-service area coverage.

Issuers will be required to submit the Access Health CT "Network Narrative" template, included in Appendix 1.

Issuers will also be required to adhere to the CID guidance pertaining to Network Adequacy.

Access Health CT reserves the right to require Issuers to submit information on consumer complaints pertaining to access to network providers in a format and at a frequency specified by Access Health CT.

b. Essential Community Provider (ECP) Network Adequacy Standards

Issuers are also required to meet specific standards for the inclusion of ECPs within their SADP provider networks. The definition of an ECP is included in 45 C.F.R. §156.235. The ECP must provide services that are considered covered health services under the currently adopted definition of Essential Health Benefits to individuals at disparate risk for inadequate access to healthcare.

Access Health CT ECP Network Adequacy standards as approved by the Board of Directors follows:

- Issuers must contract with 50% of the Federally Qualified Health Centers (FQHCs) for the dental services provided in Connecticut.
- Issuers must contract with 50% of the non-FQHC dental providers on the Access Health CT ECP list.

To determine whether an Issuer is meeting the ECP standards, we will provide the Access Health CT "ECP List" on a semi-annual basis. Issuers will be required to indicate if the provider's location and service(s) are included in each unique network offered through the Exchange. If one ECP submission is received from the Issuer, Access Health CT will assume this submission applies to all networks offered through the exchange for a given plan year. If there are differences in the ECP providers contracted by network, a separate submission should be provided by network.

If an Issuer does not meet the standard(s) at the time of semi-annual submission of ECP data to Access Health CT, the Issuer will be required to complete a "Supplementary Response: Inclusion of ECPs form" and provide Access Health CT with a narrative outlining demonstration of a good faith effort in contracting.

R. User Fees/Market Assessment

The Issuer must attest commitment to pay user fees and/or Issuer assessments, as applicable.

Refer to the “Exchange Assessment and Fees” found within Appendix 2. The Access Health CT Board of Directors adopted this procedure on May 28, 2015 and updated on June 22, 2023.

S. Broker Commissions

Access Health CT will require participating Issuers to pay a commission to an insurance producer or broker who assists an individual or small employer in enrolling in a dental insurance plan through Access Health CT.

Commissions on the exchange must be “similar” to an Issuer’s commission off exchange. Commissions will be deemed similar if the following conditions are met:

- A commission is payable on the exchange for a plan if the Issuer pays a commission for a comparable plan and service functions off exchange. A comparable plan is one at the same coverage level (e.g., covered services include Preventive, Basic, Major and Dentally Necessary Orthodontia for children).
- If an Issuer does not offer plans off exchange, a commission shall be payable based upon a comparable plan of an affiliate. In the case where there is not an affiliate, a commission shall be payable based upon a comparable plan of other Issuers participating on the exchange.