



State of Nevada DEPARTMENT OF BUSINESS AND INDUSTRY

Division of Insurance

2025 Health Benefit Plan Filing Guidance

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Effective January 1, 2025

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Applicability

This guidance applies to dental form and rate filings with effective dates on or after 01/01/2025 for:

- Pediatric only and family SADP's sold through SSHIX
- Pediatric only and family SSHIX-certified dental plans sold outside the SSHIX

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Applicability

- All SADP binders must be submitted in SERFF no later than June 3, 2024
 - **Earlier submissions are recommended**
- All form and rate filings are due June 3, 2024
- The NV DOI is scheduled to provide final decision by August 26, 2024

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General Filing Requirements

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SERFF Requirements

- Filing Type
 - Both a combined rate/form filing, and separate rate and form filings are acceptable
- Completed filing checklists must be submitted under the Supporting Documentation tab
- Standard Naming Convention
 - **CarrierName_YYYYmkt_Plantype_v#_Filedsc.filetype**

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Treatment of Proprietary Information

- Submit a written request for specific information to receive confidential treatment pursuant to NRS 679B.190(5)(b).
- Submit request as a “Note to Reviewer” and in cover letter.
- Indicate “proprietary and confidential” directly on each applicable document.

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Rate filings must include:

- Detailed Actuarial Memorandum with Actuarial Certification
- Completed NV Dental Rate Filing Checklist
- Rating Manual
- Actuarial Value Exhibits
- Other Supporting Exhibits (see checklist)
- NV SADP Enrollment and Experience Template V2.0

Note: All exhibits must be submitted in Excel format

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Rate Filing Standards

NRS 686B.050

- “Rates must not be excessive, inadequate or unfairly discriminatory, nor may an insurer charge any rate which if continued will have or tend to have the effect of destroying competition or creating a monopoly...”

NAC 695D.340

- “Any information provided by an organization to demonstrate its compliance with the provisions of [NRS 686B.125](#), limiting rates for coverage for dental care, must be certified by an actuary.”

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Minimum Loss Ratio Standards

Applies to all individual and large group dental filings

NRS 686B. 125:

1. Except as otherwise provided in this section, no insurer, organization or person licensed pursuant to this title may sell or offer to sell any contract providing coverage for dental care at a rate which is excessive for the benefits offered to the insured or member. For the purpose of this section, a ratio of losses to premiums collected which is less than 75 percent is presumed to show an excessive rate.
2. The provisions of subsection 1 do not apply to a contract providing coverage for dental care that is sold to a small employer pursuant to the provisions of chapter 689C of NRS.

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Actuarial Memorandum Requirements

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Actuarial Memorandum must include:

- Detailed methodology and support
- Details of model used to develop the AV
- Sufficient exhibits in addition to the NV SADPT
- Details of the data used and any adjustments
- Historical experience and IBNP
- Claims projections
- Detailed support for trend development

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General Information

- Company identifying information
 - Including the NV statute under which the legal entity is licensed (e.g., NRS 695C, 695D, 695F, 680A, etc.).
- Related Filings
 - Include SERFF tracking numbers for previous approved rate filings and for the associated form and binder filings
- Company Contact Information
 - The certifying actuary is the primary contact

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Summary of Benefits

- Benefit charts (separate for Adult and Pediatric)
- Include Service Categories (Diagnostic, Preventive, Basic, Major, Orthodontia).
- Cost-sharing for the most common services
- Type of coverage (Pediatric, Adult, Family)
- Issue age range(s)

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Scope and Purpose of the Filing

- Regulatory authority (federal/state laws)
- HIOS ID (new/renewal/terminated)
- Proposed implementation date of rate change
- Rate change history
- Reason for rate change(s)
 - Quantitative impact and narrative description of all significant factors driving the rate changes
- Rate change by plan
 - Appropriate mapping of membership
- Current rates (for rate revisions)
- Proposed rates

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Historical Experience: Rate Revisions

- Indicate experience period and paid through date
- Both NV and Nationwide data
 - Earned Premium by plan and rating area
 - Incurred Claims by plan and rating area
 - Member Months by plan and rating area
- Use SADP Enrollment and Experience Template (SADPT)

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Experience Reporting

- Use 2023 experience data
- Experience from 2021 to Q1 2024
- Projection analysis

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Additional Required Information

- Rate Development
 - Detailed description of the methodology
 - Describe the data
 - Details of the adjustments
- Projected experience
 - With requested rate changes (for rate revisions)
 - Without requested rate changes

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Projected Experience

- Exhibit 1: Best estimates for the projection period
 - Earned premium with enrollment
 - Incurred claims
- Exhibit 2: Experience projection by duration
 - Using best estimate assumptions (lapse rate, waiting period, trend, etc.)

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Minimum Projected Loss Ratio

- Exhibits show the expected loss ratios
- In compliance with NRS 686B.125
- Detailed description of data source
- Detailed methodology of expected loss ratio development
- Quantitative support where appropriate

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Assumptions

- Expected membership in member months
- Credibility of experience data
 - Detailed qualitative and quantitative support (Excel format with working formulas)
- Morbidity
- Claim liability and reserves
- Underwriting
- Expected distribution of business
 - Pediatric
 - Adult

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Assumptions (cont.)

- Non-benefit expenses
 - Administrative expenses
 - Sales and marketing expenses, including commissions
 - Net cost of private reinsurance
 - Premium tax
- Other taxes, license and fees
 - SSHIX user fee (spread across the total expected member months)
 - Other expenses
- Risk margin
- Profit or contribution to surplus margin

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Trend

- Quantitative support
 - Utilization
 - Unit Cost
 - Base on Nevada or National Experience
 - Premium tax
- Justify changes if different from the prior year

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Lapse Rate

- Quantitative support by duration (Excel)
 - Actual historic lapse rates
 - Projected lapse rates

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Rating Factors

- Provide detailed description of data source and methodology for:
 - Age factors
 - Geographic factors
 - Family composition
 - Benefit plans factors
 - Any other rating factor

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Miscellaneous Requirements

- Actuarial justification for the proposed rating tier structure(s)
 - Actuarial support
- Reliance on others
- Actuarial Certification

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Additional Exchange-Certified Requirements

- Exchange-certified dental plans only
 - AV Pricing Model
 - Apportionment for Pediatric Dental
 - Guaranteed vs estimated rate

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Actuarial Value (SADP)

- Must have the plan's actuarial value of coverage for pediatric dental EHBs
- Certified by a member of the American Academy of Actuaries
- For a network dental plan, only in-network charges are counted toward the development of the actuarial value.

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Binder Requirements

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Binder Submissions

- Separate binders for individual and small group dental filings
- Must include the validated Plan Management templates and, under Supporting Documentation, in addition to previous required responses, the following new/revised items:
 - Binder Checklist and associated items (replaces "Network Adequacy Filing Checklist")
 - Results from Data Integrity Tool (DIT)
 - Indian Health Care Provider letter documentation
 - Appropriately renamed CMS templates (.xls)
 - Documentation for URLs for Machine-readable files and cost estimator tool
 - **Org chart and narrative for outsourced operations (NEW)**

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Removing Plans from a Product

- SADP carriers may remove plans from a product each year
- If a product is not being discontinued, all policyholders within the remaining service area of this product must receive a notice of renewal with altered terms pursuant to NRS 687B.420

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Plan Service Area

- SADP service areas must equal one or more rating territories
- Nevada rating territories for 2025 are unchanged
- Off-exchange plan service areas may use partial counties

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Form and Network Adequacy Requirements

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Dental Form Filings Part I

- General Information tab-
 - ✓ Add Rate Filing/Binder SERFF #s to "Corresponding Filing Tracking Number"
- Form Schedule Tab –
 - ✓ Submit redlined versions of all forms for existing plans (*see naming convention instructions on Dental Form Filings Part II Naming Convention*)
 - The final objection will be to replace the redlines with clean copies.

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Dental Form Filings Part I (cont.)

- Explanations of Type I, Type II, Type III, and Type IV dental services must be included within each Schedule of Benefits
 - Every service does not need to be listed in the Schedule of Benefits; however, important services of each category should be listed
- A detailed list of Pediatric dental services must be included in the Evidence of Coverage
- Upload completed checklist under the "Supporting Documentation" tab (should correspond to redlined Pg. #'s)

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Dental Form Filings Part II Naming Convention

A unique file name is required for each form, please use the following order when naming the files:

- 1. Carrier Name (please abbreviate)**
- 2. Unique HIOS ID**
- 3. Form type:**
 - i. Policy (POL) or Certificate (CER)
 - ii. Policy Information (POLA) or (CERA)
 - iii. Benefit Schedule (SCH)
 - iv. Application (AEF)
- 4. Version type:**
 - i. Redline version (r)
 - ii. Clean copy (c)
- 5. Version number:**
 1. v1, v2, v3, etc.

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Form Filings Instructions Part II (Naming Convention cont.)

Examples for Carrier XYZ Form Submission

Policy

- ✓ Use **this**: 99999XYZ_POL_r_v1
- ❑ Not **this**: MyCompanyfullmarketingnamepolicy_Policy12111_r_v1

Benefit Schedules

- ✓ Use **this**: 99999NV0010001XYZ_PDSCH_r_v1
- ❑ Not **this**: MyCompanyfullmarketingname_PediatricDentalSchedule_r_v1

- ✓ Use **this**: 99999NV0010001XYZ_ADO_r_v1
- ❑ Not **this**: MyCompanyfullmarketingname_AdultDentalwithOrthoSchedule_r_v1

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SADP Provisions

- 2025 SADPs are allowed an out-of-pocket maximum of \$425 for one covered child and \$850 for two or more covered children
- Type I dental services (preventive and diagnostic services) should not be subject to a deductible
- No waiting periods are allowed on pediatric dental, such as orthodontia.

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SADP Provisions (cont.)

- Stand-alone dental plans that provide coverage for the Pediatric dental EHB should cover members until at least the end of the month in which the member turns age 19. (PHSA 2707 (a), 45 CFR § 155.1065)

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Network Adequacy

Effective 1/1/2024, to satisfy the requirements set forth in 42 U.S.C. § 18022(b)(1)(J), a stand-alone dental plan must

- contract with at least 35% of available ECPs in each plan's service area and
- offer contracts in good faith to all available Indian health care providers in the service area and
- meet the following time or distance standards:

Speciality Area	Maximum Time or Distance Standards (Minutes/Miles) by County Designation			
	Metro (Carson City, Clark, Washoe)	Micro (Douglas, Lyon)	Rural (Storey)	Counties with Extreme Access Considerations (CEAC) <i>All Others</i>
General Dentist	45/45	60/60	120/100	120/100
Periodontist	45/45	60/60	120/100	120/100
Oral Surgeon	45/45	60/60	120/100	120/100
Orthodontist	45/45	60/60	120/100	120/100

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Resources

- 2025 Dental Filing Guidance (this slide deck)
- Nevada Guidance for Dental Plans
- Nevada Dental Rate Filing Check List
- SADP Template
- SADP Form Checklist

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DOI Contact Information

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QUESTIONS?