



# State of Nevada DEPARTMENT OF BUSINESS AND INDUSTRY

## Division of Insurance

## 2026 Standalone Dental Plan Filing Guidance

Effective January 1, 2026

Scott J. Kipper, Commissioner of Insurance

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## Applicability

This guidance applies to dental form and rate filings with effective dates on or after 01/01/2026 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 2, 2025
  - **Earlier submissions are recommended**
- All form and rate filings are due June 2, 2025
- The NV DOI is scheduled to provide final decision by August 29, 2025

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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#\_Filedetc.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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## SERFF Submission

- Supporting Documents tab of SERFF
  1. Exhibits supporting the Actuarial Memorandum (in Excel format, with working formulas)
    - ✓ One Excel workbook named "AM Exhibits" so it is easily identifiable
    - ✓ Clearly label each sheet
  2. NV SADP Enrollment and Experience Template V2.0
  3. Completed rate filing checklist
  4. Validated/renamed templates (.xlsm), under separate headers, from the Binder templates tab (Six – PBT, NT, SAT, ECP/NA, RT, BRT)



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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 2024 experience data
- Experience from 2022 to Q1 2025
- 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 filings for each carrier
- Must include the validated Plan Management templates
- Must include a completed Binder Checklist and all required Supporting Documentation. Refer to [Nevada Division of Insurance \(nv.gov\)](https://www.nv.gov) for a copy of the Division guidance and associated documents
- Inclusive of all HIOS IDs in the Form filing, the carrier must use the *Associate Schedule Items* function.
- **Changes to initial versions of the validated CMS templates in the Binder must be replicated under Supporting Documentation in the Rate filings. A revised version number for any new iteration is expected and required and must match across all filing types, i.e., Rate/Form/Binder.**

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## Binder Submissions - Tab Explanation

- Plans: Automatically populates from the Plans and Benefits Template
- "Associate Schedule Items": Links the Binder to the associated Form or Rate Filing and is the mechanism that allows the SSHIX to view form and rating filing information. **This is a required task for each carrier.**
- Fees: N/A
- Templates: Added by the carrier and validated through SERFF.
- Supporting Documentation: see next slide
- Company and Contact: Automatically updated via SERFF
- Correspondence: Houses objections, responses, reviewer/filer notes, amendments from the carrier, dispositions and certifications.

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## ***Binder - Associate Schedule Items Function***

The next two slides provides "how to" instructions.

NOTE: If the carrier has questions about this function, please contact the Division to schedule a demonstration between 5/5/25 and 5/9/25; these are expected to take no more than 60 minutes.



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## ***How To Associate Schedule Items – Binder to RATE Filing***

- The **first** HIOS ID appearing under the *Plans* tab in the Binder is to be associated to the applicable:
  - Rate Filing Rate/Rule Schedule tab (three items)
    - ✓ Rate Template
    - ✓ Actuarial Memorandum - redacted version
  - Rate Filing Supporting Documentation tab
    - ✓ Renamed Excel (.xlsm version) CMS templates (PBT, NT, SAT, ECP, RT, BRT, URRT) to confirm version control
    - ✓ Nevada SADP Enrollment and Experience Template V2.0

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## ***How To Associate Schedule Items – Binder to FORM Filing***

- The **first** HIOS ID appearing under the *Plans* tab is to be associated to the applicable:  
Form Filing: Form Schedule tab
  - ✓ Evidence of Coverage
  - ✓ Schedule of Benefits
- **Subsequent** HIOS IDs are to be associated to the applicable SOB **ONLY**:  
Form Filing: Form Schedule tab
  - ✓ Corresponding HIOS ID Schedule of Benefits

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## Binder Submissions – *Version Control*

To ensure accurate review by the SSHIX, Division and outside Actuaries, it is **imperative**, when revised/updated CMS templates are uploaded by the carrier due to an objection that

- any revised template in the Binder is clearly identified by a new version number and
- it is also added to the Rate filing.

EXAMPLE: PBT Revision for Individual Filing:

1. An objection in the Rate Filing requires a revised PBT, i.e., a new version.
2. The revised PBT is uploaded to the *Template* tab in the Binder **and validated**.
3. The .xls format of the PBT is renamed, ex.: ABCIns\_2026Q1i\_v**2**\_PBT.xls.
4. The new version of the PBT is added under *Supporting Documentation* tabs in the Rate filing.  
*NOTE: the association of the replaced, revised template to the binder should be maintained but carrier should confirm.*

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## Binder Submissions – *Version Control (cont.)*

When a carrier voluntarily makes a revision to a CMS template, the carrier must notify the Division and, if applicable, the SSHIX, **via email** of the change and include

- ✓ the SERFF number of the filing affected and
- ✓ the revised naming convention of the template.

All revised templates require re-review via the CMS tool sets and, for the SSHIX, may require a re-transfer of data.

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## Binder Submissions – Supporting Documentation I

- Refer to the Binder Checklist for details regarding the required items below –

Statement of Detailed Attestation Responses for SBM Issuers
Quality - QIS Implementation Plan and Progress Report Form
Supplemental templates provided to issuers from SSHIX
Binder Checklist
Indian Healthcare Provider letter documentation
URLs for machine readable-files and cost estimator tool
Data Integrity Tools (DIT) and Completed Review Tools results
Renamed Excel versions of validated templates
Supplemental Provider Listing (Oral Surgeon)
Org chart and narrative for outsourced operations (include subcontractors)
Actuarial Memorandum (and redacted version)
YOY Deficiency Response
Justification for Network Adequacy/Essential Community Provider Objections(s)

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## Binder Submissions – Supporting Documentation II

The Division strongly encourages each carrier to include results, under “Supporting Documentation”, from the review tools for SADP QHP ECPs and Cost Sharing. The tools and instructions can be found at [Review Tools \(cms.gov\)](https://cms.gov). NOTE: The carrier must have a finalized DIT and Data Consolidation Tool to utilize these review tools.

Reviewing the tool results, prior to the initial submission, allows the carrier the opportunity to identify/rectify errors within the required CMS templates and produce a justification **before** the carrier’s initial filing submission, inherently minimizing the iterations of corrected templates being produced by the carrier.

NOTE: Areas of concern and/or a proactive justification for an inability to meet requirement(s) can be included in a “Note to the Reviewer” in the initial submission for Division/SSHIX consideration in the initial stages of review, minimizing objections.

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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 2026 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 –
  - ✓ Redline versions of existing SOBs (all plan variants) and EOCs
  - ✓ If applicable, clean copies of new SOBs (all plan variants) and EOC.
    -

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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 \$450 for one covered child and \$900 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 Submission

- Carriers must submit network adequacy documentation within plan binders
- Network ID Template: do not include data on the NT that are not included on the PBT.
- Required Documentation
  1. Validated CMS ECP/Network Adequacy Template
  2. Nevada Network Adequacy Declaration Document
  3. YOY Deficiency Response, when prior year was "Passed/Approved with Stipulations"
  4. Supplemental Oral Surgeon Workbook (see next page)



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## Network Adequacy Submission (cont.)

- A supplemental network adequacy file, in Excel, is required for oral surgery providers (use "Oral Surgeon") . This file **must** match the format of the Network Adequacy Provider tab of the CMS ECP/Network Adequacy Template. An objection will be submitted if this direction is not followed.
- The information provided on the required supplemental Excel workbook must follow the format CMS ECP/Network Adequacy template, example seen below.
  - Include columns A-K and
  - Replicate the column format, e.g., "Zip" is not a numeric field.

	A	B	C	D	E	F	G	H	I	J	K
1	National Provider Identifier (NPI)*	Provider Name (First Name, Last Name or Facility Name)*	Specialty Type (area of medicine) of Individual Provider or Facility*	Does this provider offer telehealth?*	Street Address*	Street Address 2	City*	State*	County*	Zip*	Network IDs*

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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 and 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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## DOI Contact Information

- Forms/Rates
  - Jeremy Christensen, Actuarial Analyst III  
[jchristensen@doi.nv.gov](mailto:jchristensen@doi.nv.gov)
- Network Adequacy
  - Reida Wagner, Actuarial Analyst II  
[rlwagner@doi.nv.gov](mailto:rlwagner@doi.nv.gov)

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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



QUESTIONS?