### Exchange-Certified SADPs

*If the issuer is seeking QHP Certification in Market Segment*

#### FORM SCHEDULE TAB (Policy Forms)

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Standard Requirements</th>
<th>Individual</th>
<th>Small Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Correct TOI/Sub-TOI</td>
<td>TOI: H10I Individual Health – Dental; Sub-TOI: H10I.001 Health – Pediatric Dental</td>
<td>TOI: H10G Group Health – Dental; Sub-TOI: H10G.001 Health – Pediatric Dental</td>
</tr>
<tr>
<td>2</td>
<td>Filing Fees</td>
<td>Required on a retaliatory basis</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Forms and Rates – filed together</td>
<td>Issuers should submit a single form/rate filing for all 2022 SADPs in a market segment.</td>
<td></td>
</tr>
</tbody>
</table>

#### GENERAL INFORMATION TAB

- PPACA: Non-Grandfathered Immediate Market Reforms
- Exchange Intentions: Yes – in the text box provided, indicate if any plans seeking QHP certification are strictly off Exchange

#### RATE/ RULE SCHEDULE TAB (Rates)

- Filing Method: Prior Approval
- Filing Method of Last Filing: Prior Approval
- Rates Table Template: MUST be submitted as an Excel file + as a PDF file. If the Excel file is too large for the filing, the issuer should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management.

### SUPPORTING DOCUMENTATION TAB (Supporting Documents)

- Actuarial Memorandum: √
- Part II - Consumer Justification Narrative: Required for ALL rate increases. This summary will be set for public access to provide consumers with non-technical information regarding the rate increase.
- High Level Summary Document: This document should be completed based upon the number of standard plans the issuer is seeking to offer in 2022. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the -00 and -01 suffix).
- Consolidated ACA Certifications: √
- Third Party Authorization (bypass if n/a): √
- Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification: √
- Stand-Alone Dental Plans—Description of EHB Allocation: √
- Marked Up (Redlined) Version of Any Previously Approved Form(s) and/or Any Updated Versions Submitted During Filing Review Process: If the issuer is filing revisions to previously approved forms, then you should include a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form. If any changes are made to a proposed form during the review process, a redlined version comparing the updated version to the previously submitted version should be provided so that the Department may more readily identify the changes.
- Statement of Variability: This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms.
### Exchange-Certified SADPs

*If the issuer is seeking QHP Certification in Market Segment*

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<td><strong>SERFF PLAN MANAGEMENT BINDER:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| A | Correct Plan Year, Market Type and Binder Type | Plan Year: 2022  
Market Type: Individual  
Binder Type: Dental Only | Plan Year: 2022  
Market Type: Small Group  
Binder Type: Dental Only |
| B | Associated Schedule Items | The associated schedule items should link to the associated Form/Rate filing for 2022 Plans. If using previously approved forms, the schedule items should link to the applicable prior filing that includes those documents. | |
| **SERFF PLAN MANAGEMENT (TEMPLATES TAB)** | | | |
| C | Essential Community Providers (ECP)/Network Adequacy Template | Yes | n/a |
| D | Plan and Benefits Template | Yes | |
| E | Network ID Template | Yes | |
| F | Service Area Template | Yes | Note: SC does not accept partial county service areas. |
| G | Business Rules Template | Yes | The Business Rules Template is only applicable to On Exchange Plans. |
| H | Transparency In Coverage Template | Yes | n/a |
| **SERFF PLAN MANAGEMENT (SUPPORTING DOCUMENTATION TAB)** | | | |
| I | Data Integrity -- Data Integrity Tool Output Report | Yes | Required for both On and Off Exchange |
| J | Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification | Yes | |
| K | Essential Community Providers (ECP) -- Stand-alone Dental Plan (SADP) ECP Tool Output Report + Supporting Documentation/ Justification | Yes | The SADP ECP Tool is only applicable to On Exchange Plans. |
| L | Plan Crosswalk -- Plan Crosswalk Validation Tool Output Report + Plan ID Crosswalk Template | Yes | n/a |
| M | Interoperability & Program Attestations | Yes | n/a |

**Notes on Filing Items:**

- **Item 9** (Filing Description/Cover Letter) - Filing Descriptions must contain the following information, even if a Cover Letter is attached to the Supporting Documentation tab: (1) Please indicate whether the issuer is seeking QHP certification to sell some or all of the dental products/plans included in the filing on the Marketplace. (2) If an issuer is utilizing the Federal Marketplace application/enrollment materials only, that should be noted in the Filing Description. (3) Indicate if the forms are new or revised. (4) If you plan to continue to utilize or amend any previously approved forms, include the form name along with the state tracking number for the filing in which it was approved. (5) If you plan to continue to utilize any previously approved forms, indicate whether any changes to the variability are being sought in this filing and, if so, include an updated Statement of Variability under the Supporting Documentation tab.

- **Item 22** (High Level Summary) - The Department has published a new High Level Summary on its website ([click here](#)). Please utilize the latest version and submit it in Excel format in the Form/Rate filing.

- **Item 28** (Statement of Variability) - A Statement of Variability should be provided for each variable form that is uploaded to the Forms tab, including the Variable Schedule of Benefits Boiler Plate Form.

*See additional instructions on the following page.*
Notes on Binder Items:

- Item M – (Interoperability and Program Attestation: Compliance with Health Data and Plan Information Interoperability Requirements) – Include a copy of the completed forms submitted in the Federal System.
- Issuers bypassing a submission requirement must note the reason for the bypass in the comments field in order to avoid additional objections.
- Issuers should take note of the Plan Management general instructions and the instructions listed under each item in the Supporting Documentation Tab when preparing their submissions.
- Once binder is submitted, a Note to Reviewer should be submitted in the corresponding Form/Rate filing with SERFF Binder Number and date submitted. If validation is not completed by target date listed, carrier should advise DOI when validation will be completed and reason for delay. This should be done as a Note to Reviewer in Form/Rate filing.
- Additional items may be required in response to state and/or federal reviews.

General Notes:

- If an issuer is utilizing any previously approved forms, the SCDOI asks that the issuer upload copies of the final versions of the forms (as previously approved) to the Supporting Documentation tab and include the SC state and/or SERFF tracking number of the filing(s) that include the previously approved forms. This will serve to speed up the review process.
- In advance of any filing, the issuer should review their last Form/Rate filing(s) and address any objections/requests for additional information in said filings as a part of their submission. Note: This does not mean that you should simply attach copies of prior objection responses; you should incorporate the information/support requested previously in the appropriate document(s) in order to reduce the number of objections and, thus, expedite the review process.
- Please refrain from labeling/naming items as "final" and from re-submitting items that do not change in response to objections etc. We encourage carriers to utilize a naming convention such as "Item Date v1" so, for example, "High Level Summary 06.04.2021 v1" to reduce confusion and speed up the review process.
- When replacing a previously-submitted document/file, issuers should grey out the prior version and replace it with the most updated version in the same location as the prior document. This is the standard process for items under the Form Schedule tab and Rate/Rule Schedule tab, but should also be utilized for any documentation under the Supporting Documentation tab. There should not be multiple groups of attachments with the same or similar names; instead the issuer should grey out old documentation and replace them as necessary.

SADP Instructions for companies not submitting new forms/rates:

(for issuers using previously approved forms/rates)

If a SADP issuer intends to utilize previously approved forms and rates, it may not be necessary to submit a Form/Rate filing. Instead, the issuer may submit a Binder via SERFF Plan Management that includes the applicable items labeled as A through M in the filing requirements chart and include the following:

- Include a Note to Reviewer or Cover Letter advising that the issuer intends to utilize previously approved forms and rates and will not be submitting a Form/Rate filing. If the issuer intends to utilize previously approved forms and revise the rates, a Rate filing should be submitted.
- Provide the SC state and/or SERFF tracking number of the filing(s) that includes the previously approved forms and/or rates.
- Confirm that there are no changes to the previously approved forms, no changes to the previously approved plans, and no changes to the previously approved rates.
- Attach the following items that would otherwise be submitted in the Form/Rate filing under the binder’s Supporting Documentation Tab:
  - Item 19 – Rate Data Template
  - Item 22 – High Level Summary
  - Item 23 – Consolidated ACA Certifications
  - Item 25 – Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification
  - Item 26 – Stand-Alone Dental Plans—Description of EHB Allocation
  - Item 28 – Statement of Variability – Updated variability may be required for continued use of previously approved forms.

To Access 2021 (PY2022) Filing Requirements for Major Medical Issuers, Click Here.

Questions? Email lahmail@doi.sc.gov or contact Shari Miles at (803) 737-6096 or smiles@doi.sc.gov