



ESSENTIAL PEDIATRIC DENTAL COVERAGE ATTESTATION FORM

For employers of small groups (1-100 employees)

In an effort to make health care more accessible, the Affordable Care Act (ACA) requires that all small group health plans provide coverage for a range of core services known as Essential Health Benefits (EHBs), one of which is pediatric dental care for dependents to age 19.

To ensure our members of small group health plans have this essential coverage, MVP Health Care offers dental plans that meet ACA requirements.

ATTESTATION

If you are offering your employees essential pediatric dental coverage from another plan not offered by MVP, you have the option to decline the pediatric dental coverage offered through MVP. By signing below, you are attesting that your group is already meeting the essential pediatric dental coverage requirements through another plan and are disenrolling from the pediatric dental coverage offered through MVP.

MVP Group #

Employer Name

Name of the carrier issuing the
standalone dental coverage

Effective date of plan

I certify that my group has obtained standalone dental coverage that provides a pediatric dental essential health benefit through a NY State of Health™-certified standalone dental plan offered outside NY State of Health.

Employer Signature

Date

Title
