

## SMALL GROUP PEDIATRIC ESSENTIAL HEALTH BENEFIT ACKNOWLEDGEMENT

| Group Name  |   |   |   |  |
|---|---|---|---|--|
| Group understands the essential health bene Care Act (PPACA). being non-compliant (QHPs) purchased the dental EHBs needed purchased through D | fits (EHBs) required A failure to provide tunder PPACA. Government Head of the comply with PP | ed under the Patient<br>e pediatric dental E<br>roup also understan<br>ealth Plan (MHP) de<br>PACA requirements | Protection and HBs could result that Qualifie o not include the and that they m | Affordable<br>It in the Group<br>d Health Plans<br>e pediatric |
| Group certifies that t<br>Delta Dental, or a sep<br>care through another  | parate qualified de   | _   | -   | _  |
| Group Decision Ma<br>Signat   |   |   |   | Date:  |
| Group Decision Mak  | ker Name (Print)  |   |   |  |
| MHP Group Number  | r   |   |   |  |
| As agent of this grou<br>has purchased the pe<br>requirements. I unde<br>termination of the ag<br>penalties identified b                      | ediatric dental esser<br>erstand that failure<br>gent's contract with                         | ntial benefits needed<br>to adhere to this cer  | d to comply with rtification can re   | n PPACA<br>esult in  |
| Agent Signature   |   |   |   | Date:  |
| Agent Name (Print)  |   |   | I   | Date:  |

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