



HEALTH PLAN

**SMALL GROUP PEDIATRIC  
ESSENTIAL HEALTH BENEFIT ACKNOWLEDGEMENT**

**Group Name**

Group understands that certain pediatric dental benefits are among the 10 categories of essential health benefits (EHBs) required under the Patient Protection and Affordable Care Act (PPACA). A failure to provide pediatric dental EHBs could result in the Group being non-compliant under PPACA. Group also understands that Qualified Health Plans (QHPs) purchased through McLaren Health Plan (MHP) do not include the pediatric dental EHBs needed to comply with PPACA requirements and that they must be purchased through Delta Dental or through another carrier.

Group certifies that the Group either purchased the required pediatric dental EHB through Delta Dental, or a separate qualified dental plan that covers the required pediatric dental care through another carrier.

Group Decision Maker   **Date:**   
Signature

Group Decision Maker Name (Print)

MHP Group Number

As agent of this group, in addition to the statement above, I also certify that this customer has purchased the pediatric dental essential benefits needed to comply with PPACA requirements. I understand that failure to adhere to this certification can result in termination of the agent's contract with MHP; nonpayment of commissions; or other penalties identified by MHP.

Agent Signature   **Date:**

Agent Name (Print)   **Date:**