

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF INSURANCE
124 S. EUCLID AVE., 2ND FLOOR PIERRE, SOUTH DAKOTA 57501
Tel. 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance

**PY2027 ATTESTATION FOR PRESCRIPTION DRUG BENEFIT
OF ACA PRODUCT FILING**

NAME OF COMPANY:

RELATED BINDER SERFF TRACKING NO:

I, _____ (name of person completing attestation), an officer of
(Company), have authority to bind and

obligate the Company and attest:

1. That it complies with 45 C.F.R. § 156.122(a)(3) in that Company has a pharmacy and therapeutics committee that meets this regulation's membership standards, meeting standards, and formulary drug list establishment and management requirements; and
2. That it complies with 45 C.F.R. § 156.122(c) in that Company has exception request processes in place for consumers who need to request and gain access to clinically appropriate drugs that are not otherwise covered by the Company's ACA product. The Company's exception request process includes processes for standard exception requests, expedited exception requests, and external exception request review. In the event an exception request is granted, the Company treats the excepted drug(s) as an essential health benefit, including counting any cost-sharing towards the ACA product's annual limitation on cost-sharing and when calculating the ACA product's actuarial value, as required under 45 C.F.R. § 156.30 and 45 C.F.R. § 156.135, respectively.

I understand the Director of the South Dakota Division of Insurance will rely on this attestation for compliance with the prescription drug benefits cited within 45 C.F.R. § 156.122, and should it be determined the Company does not comply or that this attestation is materially false or incorrect, appropriate corrective and disciplinary action may be taken by the Director against the Company and the officer completing this attestation.

Dated this _____ day of _____, 2026.

Signature of Company Officer

Printed Name

Title of Officer