29	(i) be substantially equal to a health benefit plan with the largest insured commercial
30	enrollment offered by a health maintenance organization in the state; $[and]$ $\hat{H} \rightarrow \underline{and}$ $\leftarrow \hat{H}$
31	(ii) comply with the Mental Health Parity and Addiction Equity Act, Pub. L. No.
32	110-343; and
33	Ĥ→ [(iii) provide treatment for autism spectrum disorder as defined in Section 31A-22-642,
34	including coverage for applied behavioral analysis; and $\leftarrow \hat{H}$
35	(b) dental program benefits shall be benchmarked effective July 1, 2019, and on July 1
36	every third year thereafter in accordance with the Children's Health Insurance Program
37	Reauthorization Act of 2009, to be substantially equal to a dental benefit plan that has the largest
38	insured, commercial, non-Medicaid enrollment of covered lives that is offered in the state,
39	except that the utilization review mechanism for orthodontia shall be based on medical necessity.
40	(2) On or before July 1 of each year, the department shall publish the benchmark for
41	dental program benefits established under Subsection (1)(b).
42	(3) The program benefits $\hat{\mathbf{H}} \rightarrow \underline{:}$
42a	$(a) \leftarrow \hat{\mathbf{H}}$ for enrollees who are at or below 100% of the federal poverty
43	level are exempt from the benchmark requirements of Subsections (1) and (2) $\hat{\mathbf{H}} \rightarrow [:]$ : and
43a	(b) shall include treatment for autism spectrum disorder as defined in Section
43b	31A-22-642, which:
43c	(i) shall include coverage for applied behavioral analysis; and
43d	(ii) if the benchmark described in Subsection (1)(a) does not include the coverage
43e	described in this Subsection (3)(b), the department shall exclude from the benchmark
43f	described in Subsection (1)(a) for any purpose other than providing benefits under the
43g	<u>program.</u> ←Ĥ