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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H02G |
| Group Accident Only |
| Revised – 11/21/2019 |
| Carriers must confirm compliance and IDENTIFY the LOCATION (Form number, Page number, Section, Paragraph, etc.) of the standard in the form in the last column. Any response of N/A requires that a carrier explain why the requirement is not applicable. |
| This checklist is intended to provide a summary of State and Federal requirements for the TOI listed above. Please see the laws/rules referenced in the checklist below for the full requirement. |

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| **REVIEW REQUIREMENTS** | **REFERENCES** |  | **COMPLIANCE** |
| **GENERAL SUBMISSION REQUIREMENTS** |  |  |  |
| Electronic (SERFF) Filing Requirements: | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)(2) [Bulletin 360](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdf) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See http://www.serff.com. |  |
| FILING FEES | [Title 24-A § 601](https://legislature.maine.gov/statutes/24-A/title24-Asec601.html) (17) | $20.00 for Rate filings, rating rules filings, insurance policy, forms, riders, endorsements and certificates. See General Instructions page in SERFF for additional information on filing fee structure. Filing fees must be submitted by EFT in SERFF at the time of submission of the filing. All filings require a filing fee unless specifically excluded per 24-A M.R.S.A. §4222(1), and/or are a required annual report. |  |
| Grounds for disapproval | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [Title 24-A § 2441](https://legislature.maine.gov/statutes/24-A/title24-Asec2441.html) | Minimum of 50.  Riders, endorsements, applications all must be scored. They may be scored either individually or in conjunction with the policy/certificate to which they will be attached. Exceptions: Federally mandated forms/language, Groups > 1000, Group Annuities as funding vehicles. Scores must be entered on form schedule tab in SERFF. |  |
| Variability of Language | [Title 24-A § 2412](https://legislature.maine.gov/statutes/24-A/title24-Asec2412.html)  [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Forms with variable bracketed information must include all the possible language that might be placed within the brackets. The use of too many variables will result in filing disapproval as Bureau staff may not be able to determine whether the filing is compliant with Maine laws and regulations. |  |
| **GENERAL POLICY PROVISIONS** |  |  |  |
| Age Limits | [Title 24-A § 2822](https://legislature.maine.gov/statutes/24-A/title24-Asec2822.html) | There shall be a provision specifying the ages, if any, to which insurance provided shall be limited or restricted. |  |
| Applicant's statements | [Title 24-A § 2817](https://legislature.maine.gov/statutes/24-A/title24-Asec2817.html) | The following must be included :1. No statement made by the applicant for insurance shall avoid the insurance or reduce benefits thereunder unless contained in the written application signed by the applicant. 2. No agent has authority to change the policy or to waive any of its provisions.3. No change in the policy shall be valid unless approved by an officer of the insurer and evidenced by indorsement on the policy, or by amendment to the policy signed by the policyholder and the insurer. |  |
| Coordination of Benefits provisions (requirement applicable only if policy contains a coordination of benefits provision)Coordination of Benefits with Medicare and Medicaid | [Title 24-A § 2844](https://legislature.maine.gov/statutes/24-A/title24-Asec2844.html)(1-A)(B)(4) [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx) § 9(A)[Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx) § 9(D)[Rule 790](https://www.maine.gov/sos/cec/rules/02/031/031c790.doc) [Bulletin 440](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/440.pdf) | Provisions relating to coordination of benefits payable under the contract and under other plans of insurance or of health care coverage under which a certificate holder or the certificate holder's dependents may be covered must conform to Bureau of Insurance [Rule 790](https://www.maine.gov/sos/cec/rules/02/031/031c790.doc).The statute also sets forth how coordination with Medicare and Medicaid is governed. Medicaid (MaineCare) is always secondary payer to the insurer. |  |
| Death with Dignity | [Title 22 § 2140](https://legislature.maine.gov/statutes/22/title22sec2140.html)(19) | The sale, procurement or issuance of any health or accident insurance or the rate charged for any health or accident policy may not be conditioned upon or affected by the making or rescinding of a request by a qualified patient for medication that the patient may self-administer to end the patient's life in accordance with the Maine Death With Dignity Act. |  |
| Designation of Classification of Coverage | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6 | The heading of the cover letter of any form filing subject to this rule shall state the category of coverage set forth in [Title 24-A § 2694](https://legislature.maine.gov/statutes/24-A/title24-Asec2694.html) that the form is intended to be in. |  |
| Explanations for any Exclusion of Coverage for work related sicknesses or injuries | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | If the policy excludes coverage for work related sicknesses or injuries, clearly explain whether the coverage is excluded if the enrollee is exempt from requirements from state workers compensation requirements or has filed an exemption from the workers compensation laws. |  |
| Extension of Benefits | [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849-A.html)-A[Rule 590](https://www.maine.gov/sos/cec/rules/02/031/031c590.doc) | Provide an extension of benefits of 6 months for a person who is totally disabled on the date the group or subgroup policy is discontinued. For a policy providing specific indemnity during hospital confinement, "extension of benefits" means that discontinuance of the policy during a disability has no effect on benefits payable for that confinement. For purposes of determining eligibility for extension of benefits, "total disability" shall be defined no more restrictively than: A.in the case of an insured who was gainfully employed prior to disability, "the inability to engage in any gainful occupation for which he or she is reasonably suited by training, education, and experience;" or B.in the case of an insured who was not gainfully employed prior to disability, "the inability to engage in most normal activities of a person of like age in good health." |  |
| General Outline of Coverage Requirements | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) Sec. 7(B) | This subsection contains general requirements and disclosures for Outlines of Coverage. |  |
| Limitations and Exclusions | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5(E) | A policy shall not limit or exclude coverage except as provided in this subsection. |  |
| Limits on priority liens/Subrogation | [Title 24-A § 2836](https://legislature.maine.gov/statutes/24-A/title24-Asec2836.html) [Title 24-A § 2729](https://legislature.maine.gov/statutes/24-A/title24-Asec2729-A.html)-A | No policy shall provide for priority over the insured if the insured is entitled to receive reimbursement as a result of legal action or claim, except if that provision is approved by the superintendent, requires the prior written approval of the insured, and allows such payments only on a just and equitable basis and not on the basis of a priority lien. |  |
| Notice Regarding Policies or Certificates Which are Not Medicare Supplement Policies | [Title 24-A § 5013](https://legislature.maine.gov/statutes/24-A/title24-Asec5013.html)[Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 17(E) | The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than twelve (12) point type and shall contain the following language: “THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. If you have a Medicare Supplement policy or major medical policy, this coverage may be more than you need. For information call the Bureau of Insurance at 1-800-300-5000.” |  |
| Penalty for failure to notify of hospitalization | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-A.html)-A[45 CFR § 147](https://www.ecfr.gov/cgi-bin/text-idx?SID=a3bb635afd7624f532acfe878eec552b&pitd=20180719&node=pt45.1.147&rgn=div5#se45.1.147_1138).138(b) | No penalty allowed for failure to notify the insurer of insured's hospitalization for emergency treatment. (There is no specific HMO requirement for this benefit/provision, but it is a benchmark plan requirement.) |  |
| Probationary or Waiting Periods Not Allowed | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5(A) | Accident policies shall not contain probationary or waiting periods. |  |
| Rates Filed | [Title 24-A § 2839](https://legislature.maine.gov/statutes/24-A/title24-Asec2839.html) | A policy of group or blanket health insurance may not be delivered in this State until a copy of the rates to be used in calculating the premium for these policies has been filed for informational purposes with the superintendent. The filing must include the base rates and a description of any procedures to be used to adjust the base rates to reflect factors including but not limited to age, gender, health status, claims experience, group size and coverage of dependents. A filing required under this section must be made electronically in a format required by the superintendent unless exempted by rule adopted by the superintendent. |  |
| Rebates | [Title 24-A § 2160](https://legislature.maine.gov/statutes/24-A/title24-Asec2160.html)[Title 24-A § 2163-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2163-A.html)[Bulletin 426](https://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/426.pdf)[Bulletin 382](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/382.pdf) | Are there any provisions that give the insured a benefit not associated with indemnification or loss? Yes \_\_\_No \_\_\_ |  |
| Renewal provision | [Title 24-A § 2411](https://legislature.maine.gov/statutes/24-A/title24-Asec2411.html)[Title 24-A § 2820](https://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | Policy must contain the terms under which the policy can or cannot be renewed prominently on first page of policy or certificate. |  |
| Statements In Application | [Title 24-A § 2818](https://legislature.maine.gov/statutes/24-A/title24-Asec2818.html) | There shall be a provision that all statements contained in any such application for insurance shall be deemed representations and not warranties.  |  |
| Third Party 10 Day Notification prior to cancellation; restrictions on cancellation, termination or lapse due to cognitive impairment or functional incapacity | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-C.html)-C[Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707-A.html)-A[Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) | An insurer shall provide for notification of the insured person and another person, if designated by the insured, prior to cancellation of a health insurance policy for nonpayment of premium. FOR INDIVIDUAL PLANS: Insurers must provide the following disclosure, notice and reinstatement rights:1. Insured has the right to elect a third party to receive notice and that the insurer will send them a third party notice request form to make that selection.2. Insured and designated individual will receive a 10 day notice of cancellation.3. Insured has the right to reinstatement of the contract if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured’s nonpayment of premium or other lapse or default on the part of the insured.4. Notice that if a request for reinstatement of coverage because of cognitive impairment or functional incapacity is denied, notice of denial shall be provided to the insured and to the person making the request, if different. The notice of denial shall include notification of the 30 day period following receipt of the notice during which a hearing before the Superintendent may be requested. FOR GROUP PLANS: Third Party Notice of Cancellation for group plans must be applied as follows: 1. If the entire cost of the insurance coverage is paid by the Policyholder, there is no requirement to send the Third Party Notice of Cancellation. 2. If the entire cost of the insurance coverage is paid by the Certificate holder and is direct billed, the insurer must include notification in the policy/certificate to advise the member of their rights. 3. If the entire cost of the insurance coverage is paid by the Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. 4. If a portion of the cost of the insurance coverage is paid by the Policyholder and the remainder is paid by the Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. Please review [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) and add the required language to the certificate. Additionally, pursuant to [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) § 6(A)(7), the requirement may be satisfied by including the notice of reinstatement right in an application that is incorporated into the contract. |  |
| Time for Suits | [Title 24-A § 2828](https://legislature.maine.gov/statutes/24-A/title24-Asec2828.html) | There shall be a provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all, unless brought within 2 years from the expiration of the time within which proof of loss is required by the policy. |  |
| **CLASSIFICATION OF COVERAGE, DISCLOSURE, AND MINIMUM STANDARDS –** [**RULE 755**](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) |  |  |  |
| Accident, Accidental Injury, Accidental Means, Definition of | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 4(C) | Shall be defined to employ “result” language and shall not include words that establish an accidental means test or use words such as “external, violent, visible wounds” or similar words of description or characterization. The definition shall not be more restrictive than the following: “accident,” “accidental injury,” or “accidental means” means accidental bodily injury sustained by the insured person that is the direct cause of the condition for which benefits are provided and that occurs while the insurance is in force. |  |
| Accident-Only Coverage (Outline of Coverage) | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(J) | An outline of coverage in the form prescribed below shall be issued in connection with policies meeting the standards of Section 6(I) of this rule. The items included in the outline of coverage must appear in the sequence prescribed:[COMPANY NAME]ACCIDENT-ONLY COVERAGETHIS [POLICY][CERTIFICATE] PROVIDES LIMITED BENEFITSBENEFITS PROVIDED ARE SUPPLEMENTAL AND NOT INTENDED TO COVER ALL MEDICAL EXPENSESOUTLINE OF COVERAGE(1)Read Your [Policy][Certificate] Carefully—This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY][CERTIFICATE] CAREFULLY!(2)Accident-only coverage is designed to provide coverage for certain losses resulting from a covered accident ONLY, subject to any limitations contained in the policy. Coverage is not provided for medical expenses.(3)[A brief specific description of the benefits. The description of benefits shall be stated clearly and concisely, and shall include a description of any deductible or copayment provision applicable to the benefits described. If benefits vary according to the type of accidental cause, the outline of coverage shall prominently set forth the circumstances under which benefits are payable that are less than the maximum amount payable under the policy.](4)[A description of any policy provisions that exclude, eliminate, restrict, reduce, limit, delay, or, in any other manner, operate to qualify payment of the benefits described in Paragraph (3) above.](5)[A description of policy provisions respecting renewability or continuation of coverage, including age restrictions or any reservations of right to change premiums.] |  |
| Conversion Privilege | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(12) | If a policy or certificate contains a conversion privilege, it shall comply, in substance, with the following: The caption of the provision shall be “Conversion Privilege” or words of similar import. The provision shall indicate the persons eligible for conversion, the circumstances applicable to the conversion privilege, including any limitations on the conversion, and the person by whom the conversion privilege may be exercised. The provision shall specify the benefits to be provided on conversion or may state that the converted coverage will be as provided on a policy form then being used by the insurer for that purpose. |  |
| General Rules for Minimum Standards | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6(A) | The requirements set forth in this section are in addition to any other requirements contained in any other applicable statutes and rules including, but not limited to, Title 24-A Chapters 27, 32, 33, 35, 36 and 56-A and Rules 140, 320, 330, 360, 530, 590, 600, 850 and 940. |  |
| Minimum Standards for “Accident Only Coverage” and “Specified Accident Coverage” | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6(I) | “Accident only coverage” is a policy that provides coverage, singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by accident. Accidental death and double dismemberment amounts under the policy shall be at least $2,000 and a single dismemberment amount shall be at least $1,000. |  |
| Outline of Coverage – Specified Accident | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(L) | An outline of coverage in the form prescribed below shall be issued in connection with policies or certificates meeting the standards of Sections 7(K) of this rule. The items included in the outline of coverage must appear in the sequence prescribed:[COMPANY NAME]SPECIFIED ACCIDENT COVERAGETHIS [POLICY] [CERTIFICATE] PROVIDES LIMITED BENEFITSBENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSESOUTLINE OF COVERAGE(1) Read Your [Policy][Certificate] Carefully—This outline of coverage provides a very brief description of the important features of the coverage. This is not the insurance contract, and only the actual policy provisions will control. The policy itself sets forth in detail the rights and obligations of both you and your insurance company. It is, therefore, important that you READ YOUR [POLICY][CERTIFICATE] CAREFULLY!(2) Specified accident coverage is designed to provide, to persons insured, restricted coverage paying benefits ONLY when certain losses occur as a result of specified accidents. Coverage is not provided for other accidents or for illness.(3) [A brief specific description of the benefits. The description of benefits shall be stated clearly and concisely, and shall include a description of any deductible or copayment provision applicable to the benefits described. If benefits vary according to the type of accidental cause, the outline of coverage shall prominently set forth the circumstances under which benefits are payable that are less than the maximum amount payable under the policy.](4) [A description of any policy provisions that exclude, eliminate, restrict, reduce, limit, delay, or, in any other manner, operate to qualify payment of the benefits described in Paragraph (3) above.](5) [A description of policy provisions respecting renewability or continuation of coverage, including age restrictions or any reservations of right to change premiums.] |  |
| Renewal, Continuation, or Nonrenewal Provisions | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(4) | Each policy of individual health insurance and group health insurance shall include a renewal, continuation, or nonrenewal provision. The language or specification of the provision shall be consistent with the type of contract to be issued. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall clearly state the duration, where limited, of renewability and the duration of the term of coverage for which the policy is issued and for which it may be renewed. |  |
| Required disclosure statements on policies/certificates | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(9) | All accident-only policies and certificates shall contain a prominent statement on the first page of the policy or certificate, in either contrasting color or in boldface type at least equal to the size of type used for headings or captions of sections in the policy or certificate, a prominent statement as follows:“Notice to Buyer: This is an accident-only [policy][certificate] and it does not pay benefits for loss from sickness. Review your [policy][certificate] carefully.”Accident-only [policies][certificates] that provide coverage for hospital or medical care shall contain the following statement in addition to the Notice to Buyer above: “This [policy][certificate]provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.” |  |
| **ELIGIBILITY / ENROLLMENT** |  |  |  |
| Definition of Dependent | [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833.html) | Defined as under 19 years of age and are children, stepchildren or adopted children of, or children placed for adoption with the policyholder, member or spouse of the policyholder or member, no financial dependency requirement, court ordered coverage |  |
| Dependent children with mental or physical illness. | [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833-A.html)-A[Title 24-A § 4320](https://legislature.maine.gov/statutes/24-A/title24-Asec4320-B.html)-B | Requires health insurance policies to continue coverage for dependent children up to 26 years of age who are unable to maintain enrollment in college due to mental or physical illness if they would otherwise terminate coverage due to a requirement that dependent children of a specified age be enrolled in college to maintain eligibility. |  |
| Dependent special enrollment period | [Title 24-A § 2834](https://legislature.maine.gov/statutes/24-A/title24-Asec2834-B.html)-B[Title 24-A § 4222-B](https://legislature.maine.gov/statutes/24-A/title24-Asec4222-B.html) (11) | Enrollment for qualifying events. |  |
| Domestic partner benefits | [Title 24-A § 2832](https://legislature.maine.gov/statutes/24-A/title24-Asec2832-A.html)-A | Contracts must make available to group policyholders the option for additional benefits for the domestic partner of a certificate holder at appropriate rates and under the same terms and conditions as are provided to spouses of married certificate holders under a group policy. This section provides criteria defining "domestic partner" for purposes of this requirement and what evidence may be required as a condition of eligibility. |  |
| Newborn coverage | [Title 24-A § 2834](https://legislature.maine.gov/statutes/24-A/title24-Asec2834.html) | Newborns must be automatically covered under the plan from the moment of birth for the first 31 days. An adopted child is deemed to be newly born to the adoptive parents from the date of the signed placement agreement. |  |
| **CLAIMS** |  |  |  |
| Assignment of Benefits | [Title 24-A § 2827](https://legislature.maine.gov/statutes/24-A/title24-Asec2827-A.html)-A[Title 24-A § 2755](https://legislature.maine.gov/statutes/24-A/title24-Asec2755.html) | Permits insureds to assign benefits directly to their provider of care. Applies to medical and dental expense incurred plans. Does not include indemnity plans. |  |
| Calculation of health benefits based on actual cost | [Title 24-A § 2185](https://legislature.maine.gov/statutes/24-A/title24-Asec2185.html) | If the insurer has negotiated discounts with providers, the insurer must provide for the calculation of all covered health benefits, including without limitation all coinsurance, deductibles and lifetime maximum benefits, on the basis of the net negotiated cost and must fully reflect any discounts or differentials from charges otherwise applicable to the services provided. With respect to policies involving risk-sharing compensation arrangements, net negotiated costs may be calculated at the time services are rendered on the basis of reasonably anticipated compensation levels and are not subject to retrospective adjustment at the time a cost settlement between a provider and the insurer or organization is finalized. |  |
| Explanation and notice to parent | [Title 24-A § 2823](https://legislature.maine.gov/statutes/24-A/title24-Asec2823-A.html)-A | If the insured is covered as a dependent child, and if the insurer is so requested by a parent of the insured, the insurer shall provide that parent with: An explanation of the payment or denial of any claim filed on behalf of the insured, except to the extent that the insured has the right to withhold consent and does not affirmatively consent to notifying the parent; An explanation of any proposed change in the terms and conditions of the policy; Reasonable notice that the policy may lapse, but only if the parent has provided the insurer with the address at which the parent may be notified. In addition, any parent who is able to provide the information necessary for the insurer to process a claim must be permitted to authorize the filing of any claims under the policy. |  |
| Explanations Regarding Deductibles | [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | All policies must include clear explanations of all of the following regarding deductibles: Whether it is a calendar or policy year deductible. Clearly advise whether non-covered expenses apply to the deductible. Clearly advise whether it is a per person or family deductible or both. |  |
| Forms for proof of loss/Claim Forms | [Title 24-A § 2825](https://legislature.maine.gov/statutes/24-A/title24-Asec2825.html)[Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx)(9) | There shall be a provision that the insurer will furnish to the policyholder such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished before the expiration of 15 days after the insurer received notice of any claim under the policy, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which claim is made. (There is no specific HMO requirement for this benefit/provision, but it is a benchmark plan requirement.) |  |
| Notice of Claim/Proof of Loss | [Title 24-A § 2823](https://legislature.maine.gov/statutes/24-A/title24-Asec2823.html)[Title 24-A § 2824](https://legislature.maine.gov/statutes/24-A/title24-Asec2824.html) | There shall be a provision that written notice of sickness or of injury must be given to the insurer within 30 days after the date when such sickness or injury occurred. Failure to give notice within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. |  |
| Payment of Benefits | [Title 24-A § 2814](https://legislature.maine.gov/statutes/24-A/title24-Asec2814.html) | All benefits shall generally be payable to the person insured, or to his designated beneficiary or beneficiaries, or to his estate. |  |
| Penalty for noncompliance with utilization review | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-D.html)-D | A policy may not have a penalty of more than $500 for failure to provide notification under a utilization review program. |  |
| Physical Examination/Autopsy | [Title 24-A § 2826](https://legislature.maine.gov/statutes/24-A/title24-Asec2826.html) | Physical examination/autopsyThe following must be included:Physical examination and autopsy: The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law. |  |
| Proof of Loss | [Title 24-A § 2824](https://legislature.maine.gov/statutes/24-A/title24-Asec2824.html) | In a claim for loss of time for disability, written proof of such loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require. In a claim for any other loss, written proof of such loss must be furnished to the insurer within 90 days after the date of such loss. Failure to furnish such proof within such time shall not invalidate nor reduce any claim, if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible. (No Time Limit) |  |
| Time Payment of Benefits | [Title 24-A § 2827](https://legislature.maine.gov/statutes/24-A/title24-Asec2827.html) | Provision that all benefits payable under the policy, other than benefits payable for loss of time, will be payable not more than 60 days after receipt of proof and that all accrued benefits payable will be paid no later than the expiration of each period of 30 days during the continuance of the period for which the insurer is liable and that any balance remaining unpaid at the termination of such period shall be paid immediately upon receipt of such proof. |  |
| **PROVIDERS / NETWORKS** |  |  |  |
| Coverage of Optometrists | [Title 24-A § 2841](https://legislature.maine.gov/statutes/24-A/title24-Asec2841.html) | Benefits must be made available for the services of optometrists if the same services would be covered if performed by physician. |  |
| Dental Therapist | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-U.html)-U | Group dental insurance or health insurance that includes coverage for dental services shall provide coverage for dental services performed by a dental therapist licensed under Title 32, chapter 143 when those services are covered services under the contract and when they are within the lawful scope of practice of the dental therapist. |  |
| Dentists | [Title 24-A § 2437](https://legislature.maine.gov/statutes/24-A/title24-Asec2437.html) | Must include benefits for dentists’ services to the extent that the same services would be covered if performed by a physician. |  |
| Independent Practice Dental Hygienists | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-Q.html)-Q | Coverage must be provided for dental services performed by a licensed independent practice dental hygienist when those services are covered services under the contract and when they are within the lawful scope of practice of the independent practice dental hygienist. |  |
| Network adequacy | [Title 24-A § 2673-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2673-A.html)[Title 24-A § 4303](https://legislature.maine.gov/statutes/24-A/title24-Asec4303.html)(1)[Rule 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx)(7)[Rule 360](https://www.maine.gov/sos/cec/rules/02/031/031c360.doc) | All managed care arrangements except MEWA’s must be filed for adequacy and compliance with [Rule 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx) and [Rule 360](https://www.maine.gov/sos/cec/rules/02/031/031c360.doc) access standards. If the policy uses a network, the network(s) need to have been approved by the Bureau for adequacy and access standards (i.e. physician, hospital, and ancillary service networks).Must provide a copy of network approval. |  |