|  |
| --- |
| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H10I |
| Individual Dental NON-Qualified |
| Revised – 4/13/2023 |
| 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. |

|  |  |  |  |
| --- | --- | --- | --- |
| **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** |  |  |  |
| 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. |  |
| Emergency services | [Title 24-A § 2749-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2749-A.html)  [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-A.html)-A | No prior authorization can be required for emergency services |  |
| 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. |  |
| Format of Policy | [Title 24-A § 2703](https://legislature.maine.gov/statutes/24-A/title24-Asec2703.html) | Time, place, and amount of premium payment required, Effective and Termination Date required, Name of Insured(s) required. Each form, including riders and endorsements, which comprise the contract, shall be identified by a form number in the lower left hand corner of the first page thereof. |  |
| 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. |  |
| Genetic Information Protections | [Title 24-A § 2159](https://legislature.maine.gov/statutes/24-A/title24-Asec2159-C.html)-C(2) | A carrier may not discriminate against an individual or eligible dependent on the basis of genetic information or the refusal to submit to a genetic test or make available the results of a genetic test or on the basis that the individual or eligible dependent received a genetic test or genetic counseling in the issuance, withholding, extension or renewal of any hospital confinement or other health insurance, or in the fixing of the rates, terms or conditions for insurance, or in the issuance or acceptance of any application for insurance.  A carrier may not request, require or purchase genetic information for purposes of determining eligibility for benefits, computing premium or contribution amounts, applying any preexisting condition exclusion or any other activities related to the creation, renewal or replacement of a health insurance contract. A carrier may not request, require or purchase genetic information with respect to an individual prior to the individual's enrollment under the plan or coverage in connection with the enrollment. |  |
| Grace Period | [Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707.html) | The policy must include a “Grace period” of not less than 7 days for weekly premium, 10 days for monthly premium, and 31 days for all other policies. |  |
| Legal Actions | [Title 24-A § 2715](https://legislature.maine.gov/statutes/24-A/title24-Asec2715.html) | There shall be a provision as follows:  Legal actions: No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished. |  |
| Misstatement of age | [Title 24-A § 2720](https://legislature.maine.gov/statutes/24-A/title24-Asec2720.html) | f the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age. |  |
| Notice of Rate Increase | [Title 24-A § 2735-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2735-A.html)  [Title 24-A § 2839](https://legislature.maine.gov/statutes/24-A/title24-Asec2839-A.html)-A | Requires that insurers provide a minimum of 60 days written notice to policyholders prior to a rate filing for individual health insurance or a rate increase for group health insurance. See statute for the requirements for the notice. |  |
| Notification prior to cancellation; restrictions on cancellation, termination or lapse due to cognitive impairment or functional incapacity | [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. 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. |  |
| Outline of Coverage – Dental Requirements | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(N) | This subsection describes the required provisions and disclosures for the Outline of Coverage for Dental Coverage. |  |
| PPOs – Payment for Non-preferred Providers (as applicable) | [Title 24-A § 2677-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2677-A.html) | There cannot be more than a 20% differential in benefits between preferred and non-preferred providers. Superintendent can grant waiver for the 20%, in particular for designated providers for cost or quality. |  |
| 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 § 2738](https://legislature.maine.gov/statutes/24-A/title24-Asec2738.html)  [Title 24-A § 2820](https://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | Policy must contain the terms under which it can/ cannot be renewed. Must be placed prominently on the first page. |  |
| Required disclosure statements on policies/certificates | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(22) | All dental plan policies and certificates shall display prominently by type, stamp or other appropriate means on the first page of the policy or certificate, or attached to it, in either contrasting color or in boldface type at least equal to the size type used for headings or captions of sections in the [policy][certificate] the following:“Notice to Buyer: This [policy] [certificate] provides dental benefits only.” |  |
| Right to Examine and Return Policy ("free look period") | [Title 24-A § 2717](https://legislature.maine.gov/statutes/24-A/title24-Asec2717.html) | The policy, or a separate rider attached thereto when delivered, must include a provision stating that the person being issued the policy must be permitted to return the policy within 10 days of delivery to such person and to have a refund of premium paid if not satisfied with the policy for any reason after examining it. The policy may be returned to the insurer at its home or branch office to the agent through whom it was applied for, and shall be void from the beginning, as if the policy had not been issued.  The provision must be under an appropriate caption in the policy, and if it’s not printed on the face page, adequate notice of the provision must be printed or stamped conspicuously on the face page. |  |
| Time Limit on Certain Defenses | [Title 24-A § 2706](https://legislature.maine.gov/statutes/24-A/title24-Asec2706.html) | After 3 years from the date of issue of policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred or disability, commencing after the expiration of such 3-year period. |  |
| **ELIGIBILITY / ENROLLMENT** |  |  |  |
| Definition of Dependent | [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742.html) | This coverage must provide unmarried women policyholders with the coverage or option of coverage for dependent children under the same terms and conditions and at appropriate rates as are extended to married policyholders with dependents. This includes adopted children. Financial dependency of dependent children may not be required as condition for coverage eligibility. |  |
| Dependent children coverage to age 26 | [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742-B.html)-B | An individual health insurance policy that offers coverage for dependent children must offer such coverage until the dependent child is 26 years of age. |  |
| Dependent children with mental or physical illness | [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742-A.html)-A PHSA § 2728([45 CFR § 147](https://www.ecfr.gov/cgi-bin/text-idx?SID=985c38eeddaa13128929637cc7ec919e&pitd=20180719&node=pt45.1.147&rgn=div5#se45.1.147_1145).145) | 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. Issuer cannot terminate coverage of dependent student due to a medically necessary leave of absence before: The date that is 1 year after the first day of the leave; or The date on which coverage would otherwise terminate under the terms of the coverage. “Medically necessary leave of absence” means: a leave of absence or change of enrollment of a dependent child from a post-secondary education institution that: Commences while the child is suffering from a serious illness or injury; Is medically necessary; and Causes the child to lose student status for purposes of coverage under the terms of coverage. Issuer must include with any notice regarding a requirement for certification of student status for coverage, a description of the terms for continued coverage during medically necessary leaves of absence. |  |
| Enrollment of dependent children | [Title 24-A § 2766](https://legislature.maine.gov/statutes/24-A/title24-Asec2766.html) | If an individual dental insurance policy offers dependent coverage, it must offer the opportunity to enroll a dependent child at appropriate rates during the following periods: A) from birth to 30 days of age; and B) any open or annual enrollment period. |  |
| Ensure Health Insurance for Certain Adults with Disabilities | [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742.html)-B(2)  [Title 24-A § 2742](https://legislature.maine.gov/statutes/24-A/title24-Asec2742-C.html)-C  [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833-B.html)-B(2)  [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833-C.html)-C  [Title 24-A § 4233-B](https://legislature.maine.gov/statutes/24-A/title24-Asec4233-B.html)(2)  [Title 24-A § 4233-C](https://legislature.maine.gov/statutes/24-A/title24-Asec4233-C.html)  [Title 24-A § 4320](https://legislature.maine.gov/statutes/24-A/title24-Asec4320-B.html)-B [Title 24-A § 4320](https://legislature.maine.gov/statutes/24-A/title24-Asec4320-R-1.html)-R | This act applies to:  1. Individual health insurance policies,  2. group health insurance policies,  3. individual or group health maintenance organization contracts, and  4. health insurance plans subject to the requirements of the Federal Affordable Care Act.  -The act requires health insurance policies that offer coverage for a dependent child to offer coverage for adults with disabilities who are unable to sustain themselves through employment in the same manner as for a dependent child on a parent’s policy. The law clarifies that an insurer is required to offer coverage for a dependent child with a disability, at the option of the policyholder, regardless of age.  A. Definition of "Disability": A disability is a physical, mental, intellectual or developmental disability that renders a person incapable of self-sustaining employment.  B. Proof of disability. A policyholder shall furnish proof of a dependent child's disability to the insurer within 31 days of the dependent child's attainment of the limiting age established in the statute and subsequently as may be required by the insurer, but the insurer may not require proof more frequently than annually after the 2-year period following the dependent child's attainment of the limiting age. |  |
| **CLAIMS** |  |  |  |
| Assignment of benefits | [Title 24-A § 2755](https://legislature.maine.gov/statutes/24-A/title24-Asec2755.html) | All policies providing benefits for medical or dental care on an expense-incurred basis must contain a provision permitting the insured to assign benefits for such care to the provider of the care. An assignment of benefits under this section does not affect or limit the payment of benefits otherwise payable under the policy. |  |
| 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. |  |
| Claim Forms | [Title 24-A § 2710](https://legislature.maine.gov/statutes/24-A/title24-Asec2710.html) | The policy must include the “Claim forms” provision set forth in Section 2710. |  |
| Coordination of Benefits and Evidence of Coverage | [Title 24-A § 2723](https://legislature.maine.gov/statutes/24-A/title24-Asec2723-A.html)-A [Title 24-A § 2844](https://legislature.maine.gov/statutes/24-A/title24-Asec2844.html)  [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx)  [Rule 790](https://www.maine.gov/sos/cec/rules/02/031/031c790.doc) | Lists items that are required to be placed in an Evidence of Coverage. Also §9 states: Evidences of coverage may contain a provision for coordination of benefits, provided that such provision shall not relieve an HMO of its duty to provide or arrange for a covered health care service to an enrollee solely because the enrollee is entitled to coverage under any other contract, policy or plan, including coverage provided under government programs. |  |
| 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. |  |
| Limits on priority liens/subrogation | [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 member of payment for any hospital, nursing, medical or surgical services, or of any expenses paid or reimbursed under the policy, in the event the insured member is entitled to receive payment reimbursement from any other person as a result of legal action or claim, except as provided in this section. A policy may contain a provision that allows such payments, if that provision is approved by the superintendent, and if that provision 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. A just and equitable basis shall mean that any factors that diminish the potential value of the insured's claim shall likewise reduce the share in the claim for those claiming payment for services or reimbursement. |  |
| Notice of claim | [Title 24-A § 2709](https://legislature.maine.gov/statutes/24-A/title24-Asec2709.html) | There shall be a provision that written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the insured or the beneficiary to the insurer at (insert the location of such office as the insurer may designate for the purpose), or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.  In a policy providing a loss-of-time benefit which may be payable for at least 2 years, an insurer may, at its option, add additional language to the required “Notice of claim” provision, as provided in Section 2709. |  |
| Timely Payment of Undisputed Insurance Claims | [Title 24-A § 2436](https://legislature.maine.gov/statutes/24-A/title24-Asec2436.html)  [Title 24-A § 4207](https://legislature.maine.gov/statutes/24-A/title24-Asec4207.html)  [Title 24-A § 4222-B](https://legislature.maine.gov/statutes/24-A/title24-Asec4222-B.html)(13)  [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx)(9)(C)(4) | An undisputed claim for payment of benefits under a policy or certificate of insurance delivered or issued for delivery in this State is payable within 30 days after proof of loss is received by the insurer  An ”undisputed claim” means a manually or electronically submitted claim from a health care provider or health care facility that:  A. Contains all the required data elements necessary for accurate adjudication without the need for additional information;  B. Is not materially deficient or improper, including lacking substantiating documentation required by the carrier; and  C. Has no particular or unusual circumstances requiring special treatment that prevent payment from being made by the carrier. |  |
| **GRIEVANCES & APPEALS** |  |  |  |
| Grievance and Appeal Procedures | [Title 24-A § 2747](https://legislature.maine.gov/statutes/24-A/title24-Asec2747.html)  [Title 24-A § 4303](https://legislature.maine.gov/statutes/24-A/title24-Asec4303.html)(4)  [Title 24-A § 4312](https://legislature.maine.gov/statutes/24-A/title24-Asec4312.html)  [Rule 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx) § 8  [Rule 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx) § 9 | All policies must specify all grievance and appeals procedures contained in [Rule 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx), including 1) procedures for review decisions; 2) requests for reconsideration; 3) the first and second level appeals of adverse health care treatment decisions, including expedited first level appeals; 4) the first and second level appeals of adverse benefit determinations not involving heath care treatment decisions, 5) the right to external review, and 6) the right to file a grievance regarding policy provisions or denial of benefits. PLEASE REFER TO [RULE 850](https://www.maine.gov/sos/cec/rules/02/031/031c850.docx) FOR FULL COMPLIANCE CRITERIA. |  |
| **PROVIDERS / NETWORKS** |  |  |  |
| Dental hygiene therapist | [Title 24-A § 2765](https://legislature.maine.gov/statutes/24-A/title24-Asec2765-A.html)-A  [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-U.html)-U | 1. An insurer that issues individual dental insurance or health insurance that includes coverage for dental services shall provide coverage for dental services performed by a dental hygiene therapist licensed under Title 32, chapter 16, subchapter 3-C when those services are covered services under the contract and when they are within the lawful scope of practice of the dental hygiene therapist.  2.  Limits; coinsurance; deductibles.   A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.  3.  Coordination of benefits with dental insurance.   If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health insurance policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 1 and the insurer providing individual health insurance is the secondary payer.  4.  Application.   The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2015 in this State. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date. |  |
| Independent Practice Dental Hygienists | [Title 24-A § 2765](https://legislature.maine.gov/statutes/24-A/title24-Asec2765.html)  [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. |  |
| **GENERAL HEALTH CARE TREATMENT / COVERAGE** |  |  |  |
| Dental benefit waiting period | [Title 24-A § 2766](https://legislature.maine.gov/statutes/24-A/title24-Asec2766-A.html)-A  [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-W.html)-W | Coverage for dental services may not impose a waiting period for any dental or oral health service or treatment, except for orthodontic treatment, for an enrollee if the enrollee is under 19 years of age.For purposes of this statute, “waiting period” means a period of time after the date of enrollment during which a health insurance plan excludes coverage for the diagnosis or treatment of any or all medical conditions.  24-A M.R.S. § 2848(5). |  |