|  |
| --- |
| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H20G  |
| Group Vision Plans  |
| 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. |  |
| **ADDITIONAL RATE FILING REQUIREMENTS** |  |  |  |
| Notice of Rate Increase | [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. |  |
| **GENERAL POLICY PROVISIONS** |  |  |  |
| Emergency services | [Title 24-A § 4320](https://legislature.maine.gov/statutes/24-A/title24-Asec4320-C.html)-C | 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. |  |
| 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. |  |
| Grace Period | [Title 24-A § 2809](https://legislature.maine.gov/statutes/24-A/title24-Asec2809-A.html)-A[Bulletin 288](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/288.pdf) | 30 or 31 days. |  |
| 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. |  |
| Outline of Coverage - Vision Requirements | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(O) | This subsection describes the required provisions and disclosures for the Outline of Coverage for Vision 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 § 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. |  |
| Required disclosure statements on policies/certificates | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7(A)(23) | All vision 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 vision benefits only.” |  |
| 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. |  |
| **ELIGIBILITY / ENROLLMENT** |  |  |  |
| Coverage for Dependent Children Up to Age 26 | [Title 24-A § 2833](https://legislature.maine.gov/statutes/24-A/title24-Asec2833-B.html)-B | A group health insurance policy that offers coverage for dependent children must offer such coverage until the dependent child is 26 years of age. |  |
| 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. |  |
| 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. |  |
| Enrollment of dependent children | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847-R.html)-R | If a group dental insurance policy or certificate 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. |  |
| **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. |  |
| 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. |  |
| 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. |  |
| 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; andC. Has no particular or unusual circumstances requiring special treatment that prevent payment from being made by the carrier. |  |
| **GRIEVANCES & APPEALS** |  |  |  |
| Grievance procedure | [Title 24-A § 2816](https://legislature.maine.gov/statutes/24-A/title24-Asec2816.html) | The policy must contain the procedure to follow if an insured wishes to file a grievance regarding policy provisions or denial of benefits. |  |
| **PROVIDERS / NETWORKS** |  |  |  |
| 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. |  |