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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H12G |
| Excess/Stop Loss |
| Revised – 9/2/2021 |
| 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** |  |  |  |
| Actuarial Certification: | [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 6 | An insurer that has issued or renewed an employee benefit excess insurance policy covering a group health plan at any time during a calendar year must file with the Superintendent on or before April 1st of the following year an actuarial certification in a form specified by the Superintendent, certifying that the insurer is in compliance with this rule. |  |
| 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 APPLICATION PROVISIONS / REQUIREMENTS** |  |  |  |
| Fraud warning | [Title 24-A § 2186](https://legislature.maine.gov/statutes/24-A/title24-Asec2186.html) | All applications must contain the following statement, or similar statement: "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits." Except for Reinsurers, |  |
| Continuity of coverage | [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849.html)  [Title 24-A § 2849](https://legislature.maine.gov/statutes/24-A/title24-Asec2849-B.html)-B(7) | This section provides continuity of coverage to persons who were covered under the replaced contract or policy at any time during the 90 days before the discontinuance of the replaced contract or policy. Must certify in the cover letter and/or filing description that the underlying plan will comply with Maine’s continuity law. |  |
| **BENEFIT/PROVISION REQUIREMENT** |  |  |  |
| Annual Limit; Exclusions | [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 5(4) | If an employee benefit excess insurance policy covering a group health plan has an annual limit on coverage, or an exclusion applying to claims that are covered by the employer’s benefit plan, the insurer must provide the employer with a disclosure notice explaining that the employer has unlimited responsibility for paying any claims that are above the annual limit of the excess insurance policy or are excluded from reimbursement by the excess policy. |  |
| Disclosure authorization requirements | [Title 24-A § 2208](https://legislature.maine.gov/statutes/24-A/title24-Asec2208.html)  [Title 24-A § 2215](https://legislature.maine.gov/statutes/24-A/title24-Asec2215.html) | Must certify in the cover letter and/or filing description that the underlying plan will comply with the disclosure and authorization requirements. |  |
| HIV Discrimination | [Title 24-A § 2452](https://legislature.maine.gov/statutes/24-A/title24-Asec2452.html)(1) | An employee benefit excess insurance policy may not discriminate unfairly among or against beneficiaries of the underlying benefit plan, or treat conditions related to the Human Immunodeficiency Virus, or HIV, more restrictively than other sicknesses or disabling conditions. |  |
| Minimum attachment point/aggregate retention | [Title 24-A § 707](https://legislature.maine.gov/statutes/24-A/title24-Asec707.html)(1)(C-1)  [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 5(1) | Employee benefit excess insurance must be at retention levels that do not have the effect of making the plan an insured plan. Employee benefit excess insurance policies covering group health plans must have a minimum attachment point of $28,700 individual and 120% of expected aggregate, determined net of any specific excess coverage that might be provided by the policy, and verified by the insurer using reasonable and accepted actuarial principles. |  |
| Rates | [Title 24-A § 2304-A](https://legislature.maine.gov/statutes/24-A/title24-Asec2304-A.html) | Rates must be filed for all Excess/Stop Loss Policy form filings. If this is a change to a previously approved filing and rates are not attached because the change does not impact rates currently on file, please provide the SERFF tracking number for the previously approved filing. |  |
| Small Group Lasering | [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 5(3) | For small employers, an insurer may not offer or renew an employee benefit excess insurance policy covering a group health plan that excludes or restricts coverage for claims made by any individual who is covered by the underlying benefit plan, or for claims arising out of any medical condition that is covered by the underlying benefit plan. |  |
| Small Group Size | [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 5(2) | An insurer may not offer or renew an employee benefit excess insurance policy covering a group health plan to a group with ten or fewer employees enrolled in the group health plan. Carrier must state the smallest group size that is being marketed to. |  |
| Tail Coverage/Disclosure Notice | [Title 24-A § 707](https://legislature.maine.gov/statutes/24-A/title24-Asec707.html)(1)(C-1)  [Title 24-A § 2413](https://legislature.maine.gov/statutes/24-A/title24-Asec2413.html)(1)(B)  [Title 24-A § 2452](https://legislature.maine.gov/statutes/24-A/title24-Asec2452.html)(2)  [Rule 135](https://www.maine.gov/sos/cec/rules/02/031/031c135.docx) § 5(7) | An extended reporting period “tail coverage” of at least 6 months must be made available on all excess policies covering group health plans at the time of purchase or renewal. If an employer requests coverage that does not include tail coverage the carrier may provide such coverage, but the carrier must provide the employer with a disclosure notice approved by the Bureau, clearly advising that the policy is issued without tail-coverage and explaining any risk associated with declining coverage. The carrier must obtain written acknowledgment from the employer that the employer declines this tail coverage. |  |