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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - MS05I |
| Individual Medicare Supplement |
| Revised – 10/2/2018 |
| 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** |  |  |  |
| 3-Year Trial Period | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 12(B)(5 and 6) | If the person enrolls in a Medicare Supplement (Med Supp) plan, terminates it and enrolls in a Medicare Advantage (MA) plan for the first time, they have up to 36 months to drop the MA plan and enroll in the same or lesser benefit Med Supp plan with no underwriting. It could be less than 36 months depending upon when the person can drop the MA plan and re-enroll in Original Medicare. A person who enrolls in an MA plan in the first 6 months of enrolling in Part B also has 36 months (or less) to drop the MA plan and enroll in any supplement of their choosing. A person may switch MA plans during the 36-months. |  |
| Advertisements, Filing of | [Title 24-A § 5006-A](https://legislature.maine.gov/statutes/24-A/title24-Asec5006-A.html)  [Title 24-A § 5010-A](https://legislature.maine.gov/statutes/24-A/title24-Asec5010-A.html)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 19 | Any advertisement to be used in connection with Medicare Supplement products must be filed and approved with the Bureau prior to use. All advertising materials shall specifically disclose the availability of Medicare supplemental products to those persons eligible for Medicare because of disability. |  |
| Benefit Levels | [Title 24-A § 5002-A](https://legislature.maine.gov/statutes/24-A/title24-Asec5002-A.html)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 8(B)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 9 | Standardized Plans |  |
| Continuity of Coverage | [Title 24-A § 5002-B](https://legislature.maine.gov/statutes/24-A/title24-Asec5002-B.html) | Must contain the provisions of Persons Provided Continuity of Coverage (certain persons can switch to same or lesser benefit policy if no gap in coverage greater than 90 days), Prohibitions Against Continuity (waive underwriting for those persons), and Determination of Benefits (furnishing statement of benefits for verification). |  |
| Conversion (group policies only) | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 8(A)(5)(c & d) | Maine requires a conversion privilege on termination of policy or eligibility. |  |
| Disabled Persons | [Title 24-A § 5010-A](https://legislature.maine.gov/statutes/24-A/title24-Asec5010-A.html) | Those on Medicare due to disability have the same rights to Medicare Supplement policies as those who age into Medicare. |  |
| Eligibility (additional eligibility provisions) | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 12(B)(7 & 8)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 12(C)(2) | 1) Eligible persons also include persons eligible for Medicare Part B who are:  a) Enrolled an individual health plan as defined by Title 24-A M.R.S.A. § 2736-C and the individual’s coverage under the individual health plan terminates or is expected to terminate for any reason except for fraud or nonpayment of premium.  b) enrolled under an employee welfare benefit plan and the plan terminates, or the plan ceases to provide some or all benefits that supplement the benefits under Medicare to the individual, or the plan ceases to provide health benefits to the individual because the individual leaves the plan;  2) Enrolled in MaineCare (Medicaid) other than coverage consisting solely of premium assistance/other limited benefit, and enrollment in Medicaid ceases because the individual is no longer eligible.  3) Enrolled in a Medicare Advantage plan and no longer can elect that plan because of a change in residence or other reason specified by CMS, but not for failure to pay premiums.  4) enrolled in a Med Supp policy that has become insolvent or has otherwise ceased doing business. |  |
| Eligibility (additional language) | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 12(A)(2) | An eligible person includes an individual enrolled under an employee welfare benefit plan that is primary to Medicare and the plan terminates, or the plan ceases to provide health benefits to the individual because the individual leaves the plan. |  |
| Eligibility (open enrollment) | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 11(A) | Each Medicare beneficiary is entitled to a 6-month open enrollment period beginning on the date they first enroll for benefits under Medicare Part B, and each individual enrolled for benefits under Medicare Part B before turning 65 is entitled to an additional 6-month open enrollment period beginning on their 65th birthday. |  |
| 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. |  |
| Guaranteed Issue | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 12 | Maine permits eligible persons to enroll under a policy up to 90 days from the termination date under Section 12(A)(1). |  |
| Guaranteed Renewal | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 8(A)(5) | Each Medicare supplement policy shall be guaranteed renewable. |  |
| New or Innovative Benefits | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 9(G) | An issuer may, with the prior approval of the Superintendent, offer new or innovative benefits in addition to the benefits provided that otherwise complies with the applicable standards. The new or innovative benefits may include benefits (except prescription drug benefits) that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies. |  |
| Payment of claims | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 13 | An issuer shall comply with Section 1882(c)(3) of the Social Security Act (as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA) 1987, Pub. L. No. 100-203). |  |
| Permitted Commissions | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 16 | First year commission is no more than two-hundred percent (200%) of the commission paid for selling or servicing the policy in the second year.The commission provided in subsequent (renewal) years must be the same as that provided in the second year or period and must be provided for no fewer than five (5) renewal years. |  |
| Pre-existing Conditions | [Title 24-A § 5002-A](https://legislature.maine.gov/statutes/24-A/title24-Asec5002-A.html)  [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 8(A)(1) | Policy may not limit or exclude benefits for losses due to pre-existing conditions incurred more than 6 months after the effective date of coverage. Preexisiting condition definition can not be more restrictive than a condition for which medical advice was given or treatment was recommended by or received from a physician in the 6 months preceeding the effective date. |  |
| 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 \_\_\_ |  |
| Required Disclosure | [Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 17 | Shall have a notice prominently printed on the first page of the policy stating that the policyholder has the right to return the policy within thirty (30) days of its delivery and to have the premium refunded if, after examination of the policy. Issuers shall provide an outline of coverage. |  |
| Third Party Notice, Cancellation and Reinstatement | [Title 24-A § 5016](https://legislature.maine.gov/statutes/24-A/title24-Asec5016.html)  [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc) | Third party notice of cancellation and reinstatement for cognitive impairment or functional incapacity. |  |
| 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. |  |
| **CLAIMS** |  |  |  |
| 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. |  |