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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - Medicare Supplemental |
| Maine Bureau of InsuranceForm Filing Review Requirements ChecklistPart D Employer Group Supplemental Plan(2/29/2024) |
| Revised – 3/26/2024 |
| 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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| **GENERAL SUBMISSION REQUIREMENTS** |  |  |  |
| 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. |  |
| 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. |  |
| 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. |  |
| 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.  |  |
| 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. |  |
| Coordination of Benefits | [Title 24-A § 2844](https://legislature.maine.gov/statutes/24-A/title24-Asec2844.html) | Coordination is not permitted unless the insured is enrolled in Medicare. Medicaid is always secondary. |  |
| Designation of Classification of Coverage | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc), Sec. 6(L) | The heading of the cover letter of any form filing subject to this rule shall state the category of coverage that the form is intended to be in. |  |
| Probationary or Waiting Periods Not Allowed | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc), Sec. 5(A) | 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 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. |  |
| 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) | Are there any provisions that give the insured a benefit not associated with indemnification or loss?”Yes \_\_\_No \_\_\_ |  |
| Renewal of policy | [Title 24-A § 2820](https://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | There shall be a provision stating the conditions for renewal. |  |
| 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 [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.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 Certificateholder 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 Certificateholder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), Sec. 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 Certificateholder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), Sec. 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. Therefore, 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) Sec. 6(A)(7), the requirement may be satisfied by including the notice of reinstatement right in an application that is incorporated into the contract. |  |
| **CLASSIFICATION OF COVERAGE, DISCLOSURE, AND MINIMUM STANDARDS –** [**RULE 755**](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) |  |  |  |
| 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), Sec. 6(A), (3)(D) | The requirements set forth in this section are in addition to any other requirements contained in any other applicable statutes and rules. |  |
| Outline of Coverage - General Requirements | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc), Sec. 7(B) | Outline of Coverage Requirements(1) An insurer shall deliver an outline of coverage to an applicant or enrollee in the sale of individual health insurance, group health insurance. All outlines of coverage used in this state require the approval of the Superintendent.(2) If an outline of coverage was delivered at the time of application or enrollment and the policy or certificate is issued on a basis that would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate must accompany the policy or certificate when it is delivered and contain the following statement in no less than twelve (12) point type, immediately above the company name:“NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon [application][enrollment], and the coverage originally applied for has not been issued.”(3) In any case where the prescribed outline of coverage is inappropriate for the coverage provided by the policy or certificate, an alternate outline of coverage shall be submitted to the Superintendent for prior approval.(4) An outline of coverage may take the form or an advertisement provided that it satisfies the standards specified for outlines of coverage in 24-A M.R.S.A. § 2695(8) as well as this rule. |  |
| Outline of Coverage - Supplemental Health Coverage | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc), Sec. 7(M) | The items included in the outline of coverage must appear in the sequence prescribed:[COMPANY NAME]SUPPLEMENTAL HEALTH COVERAGEBENEFITS 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 your policy. 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) Supplemental health coverage is designed to provide limited or supplemental coverage.(3) [A brief specific description of the benefits, including dollar amounts. The description of benefits shall be stated clearly and concisely, and shall include a description of any deductible or copayment provisions 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 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 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), Sec. 7(A)(4) | Each group health insurance policy 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), Sec. 7(A)(17) | All supplemental health 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 is a supplemental health [policy][certificate]. This [policy][certificate] provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.” |  |
| **CLAIMS** |  |  |  |
| 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. |  |
| 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.) |  |
| Time for payment of benefits | [Title 24-A § 2827](https://legislature.maine.gov/statutes/24-A/title24-Asec2827.html) | There shall be a provision that all benefits payable under the policy, other than benefits for loss of time, will be payable not more than 60 days after receipt of proof. |  |