**Maine Bureau of Insurance
Form Filing Review Requirements Checklist
MS05I - Individual Medicare Supplement Plans**

**(Revised 10/2/2018)**

**Carriers MUST confirm compliance and IDENTIFY the LOCATION (Page number, Section, Paragraph, etc.) of the standard in the form in the last column. If carrier believes a contract does not have to meet this requirement carriers must EXPLAIN WHY in the last column.**

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| **BENEFIT/PROVISION**REQUIREMENT | **REFERENCE** | DESCRIPTION OF REVIEW STANDARDS REQUIREMENT  | **IDENTIFY LOCATION OF STANDARD IN FILING *OR EXPLAIN IF REQUIREMENT*** *IS INAPPLICABLE* |
| **Medicare Supplement policies must comply with all provisions in the most current NAIC model law with revisions for the following Maine specific deviations:** |
| **General Submission Requirements** |
| Electronic (SERFF) Submission Requirements | [24-A M.R.S.A. §2412 (2)](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2412.html)[Bulletin 360](http://www.maine.gov/pfr/insurance/sites/maine.gov.pfr.insurance/files/inline-files/360_0.pdfhttp%3A/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 | [24-A M.R.S.A. §601(17)](http://legislature.maine.gov/statutes/24-A/title24-Asec601.html) | $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 | [24-A M.R.S.A. §2413](http://legislature.maine.gov/statutes/24-A/title24-Asec2413.html) | Seven categories of the grounds for disapproving a filing. |  |
| Readability | [24-A M.R.S.A. §2441](http://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 | [24-A M.R.S.A.§2412](http://legislature.maine.gov/statutes/24-A/title24-Asec2412.html) [§2413](http://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** |
| Advertisements, Filing of | [24-A M.R.S.A. §5006-A](http://janus.state.me.us/legis/statutes/24-A/title24-Asec5006-A.html)[§5010-A](http://legislature.maine.gov/statutes/24-A/title24-Asec5010-A.html)[Rule 275, §19](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | 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  | [24-A M.R.S.A. §5002-A](http://legislature.maine.gov/statutes/24-A/title24-Asec5002-A.html) [Rule 275 §8(B), §9](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Standardized Plans  |  |
| Continuity of Coverage | [24-A M.R.S.A. §5002-B](http://legislature.maine.gov/statutes/24-A/title24-Asec5002-B.html) | Must contain the provisions of Persons Provided Continuity of Coverage, Prohibitions Against Continuity, Low-Cost Drugs For The Elderly or Disabled Program, and Determination of Benefits. |  |
| Conversion (group policies only)  | [Rule 275, §8(A)(5)(c), (d)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Maine requires a conversion privilege on termination of policy or eligibility.  |  |
| Eligibility (additional eligibility provisions)  | [Rule 275, §12(B)(7),(8) and §12(C)(2)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Eligible persons also include, pursuant to Bureau Rule Chapter 275 Sections 12(B)(7),(8) and 12(C)(2):The individual is eligible for Medicare Part B and is enrolled in an individual health plan as defined by Title 24-A M.R.S.A. § 2736-C and the enrollment in the individual health plan ceases because:a. The issuer has withdrawn from the individual health insurance market in Maine; orb. The issuer is insolvent or is otherwise unable to continue providing coverage; or8. The individual is eligible for Medicare Part B and is enrolled in Title XIX of the Social Security Act (Medicaid), other than coverage consisting solely of immunization benefits under Section 1928, and enrollment in Medicaid ceases because the individual is no longer eligible.Eligible persons would also include persons described in Section 12(B)(5) (regarding Medicare +Choice products) are entitled to the same Medicare supplement policy in which the individual was most recently previously enrolled, if available from the same insurer.a. If the policy is not available, the insurer shall reinstitute the prior policy subject to the conditions listed in Section 8(A)(7).b. If the issuer of the prior policy has become insolvent or has otherwise ceased doing business, and the prior policy was a standardized plan defined in Section 9, then the eligible person shall be entitled to the same plan from any issuer currently offering the plan.c. If the issuer of the policy has become insolvent or has otherwise ceased doing business, and the prior policy was not a standardized plan defined in Section 9, then the eligible person shall be entitled to a Medicare supplement policy which has a benefit package classified as Plan A, B, C, D, E, F, or G offered by any issuer. If the prior coverage included prescription drug benefits, Plans H, I, and J are included. |  |
| Eligibility (additional language)  | [Rule 275,§12(A)(2)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Additional language to Section 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, §11(A)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Open Enrollment, Section 11(A) Each Medicare beneficiary shall be entitled to a 6-month open enrollment period beginning on the date he or she first enrolls for benefits under Medicare Part B, and each individual enrolled for benefits under Medicare Part B before turning 65 shall be entitled to an additional 6-month open enrollment period beginning on his or her 65th birthday.  |  |
| Grace period  | [24-A M.R.S.A. §2707](http://legislature.maine.gov/statutes/24-A/title24-Asec2707.html) | Unless the premiums are paid on either a weekly or monthly basis, Maine's minimum grace period is 31 days.  |  |
| Guaranteed Issue  | [Rule 275, §12](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | 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 §8 (A)(5)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | Each Medicare supplement policy shall beguaranteed renewable. |  |
| Notice of claim  | [24-A M.R.S.A. §2709](http://legislature.maine.gov/statutes/24-A/title24-Asec2709.html) | Maine requires the notice of claim provision to give the insured the option of sending notice to any authorized agent of the company or to the company at the stated address. Notice to the agent is deemed notice to the insurer under this section.  |  |
| Payment of claims  | [Rule 275, §13](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | 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, §16](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | 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  | [24-A M.R.S.A. §5002-A](http://legislature.maine.gov/statutes/24-A/title24-Asec5002-A.html)[Rule 275, §8 (A)(1)](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | No more than 6 months.  |  |
| Rebates | [§2160](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2160.html)[§2163-A](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2163-A.html)[Bulletin 382](http://www.maine.gov/pfr/insurance/legal/bulletins/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, Sec. 17](http://www.maine.gov/sos/cec/rules/02/031/031c275.doc) | 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 | 24-A M.R.S.A. [§5016](http://legislature.maine.gov/statutes/24-A/title24-Asec5016.html)[Rule 580](http://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  | [24-A M.R.S.A. §2706](http://legislature.maine.gov/statutes/24-A/title24-Asec2706.html) | Maine's contestable period for health insurance policies is 3 years from the date of issue.  |  |