

## Completing the Supplemental Insurance Reporting Form (286-A)

### Who Must File the Maine 286-A Report Form?

All companies with Health insurance authority in Maine must file this report annually by April 1<sup>st</sup>.

**Location of Report Form** <https://www.maine.gov/pfr/insurance/licensees/insurance-companies/insurers/data-reporting-requirements>. Scroll to 286-A (Supplemental Health Insurance Reporting Form). **All fields on the form are required and must be completed.**

### General Information:

- Use this form to report information about Health insurance premiums written in the State of Maine only.
- Please enter the dollar amount of written premium for your company by line of coverage in the yellow boxes (shown on lines 1-19 of the form). Information for Group policies is reported in column 1 and information for Individual policies is reported in column 2.
- Enter totals into the yellow portions of the form. Entries are not permitted in the gray portions of the form. The Total column is calculated. If your company did not provide coverage for a specific line and type of coverage (i.e., Group or Individual), leave the column zero filled.

### Definitions:

1. Disability Income—Health insurance that provides income payments to the insured when the insured is disabled due to sickness or accident.
2. Medical—Large group (>50) means medical insurance covering employers that have more than 50 employees, even if fewer than 50 are covered by the insurance. This includes both policies issued directly to the employer and coverage of large employers under a policy issued to an association, multiple employer trust, private purchasing alliance or any similar group. It does not include coverage under the Federal Employees Health Benefit Plan. Medical does not include stand-alone dental or vision coverage, accident only coverage, long-term care or nursing home care coverage, Medicare supplement coverage, or specified disease coverage.
3. Medical—Small group (<=50) means medical insurance covering employers that have 50 or fewer employees. This includes both policies issued directly to the employer and coverage of small employers under a policy issued to an association, multiple employer trust, private purchasing alliance, or any similar group. Medical does not include stand-alone dental or vision coverage, accident only coverage, long-term care or nursing home care coverage, Medicare supplement coverage, or specified disease coverage. [See 24-A M.R.S.A. §2808- B(1).]
4. Medical –Individual means medical coverage unrelated to employment, whether through an individual policy or a group policy issued to an association, private purchasing alliance, or any similar group. Medical does not include stand- alone dental or vision coverage, accident only coverage, long-term care or nursing home care coverage, Medicare supplement coverage, or specified disease coverage. Do not include short-term policies. [See 24-A M.R.S.A. § 2736- C(1)(C).]
5. Dental—Coverage for dental services under a group or individual policy. This does not include dental coverage that is part of a major medical policy.
6. Medicare Supplement insurance means a group or individual policy that is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for hospital, medical or surgical expenses.. It does not include

Medicare Advantage plans or Medicare drug plans. [See 24-A M.R.S.A. § 5001(1)(4).]

7. Long-Term care, Nursing Home Care, and Home Health Care [See 24-A M.R.S.A. § 5072(4) and § 5051(1), (3), and (3-A).]

8. CHAMPUS/TRICARE supplement means coverage that supplements TRICARE (formerly CHAMPUS).

9. Cancer and Dread Disease includes coverage only for specified catastrophic diseases.

10. Federal Employees Health Benefit Plan-- A system of "managed competition" through which employee health benefits are provided to full-time permanent civilian government employees and qualified retirees of the United States Government.

11. Stop Loss is employee benefit excess insurance purchased by employers in order to limit their exposure under self-insured medical plans. [See 24-A M.R.S.A. § 704(C-1).]

12. Short-Term Medical—Medical coverage for one year or less. [See 24-A M.R.S.A. § 2849-B(1).]

13. Vision Care Insurance is health insurance coverage for eye examinations, and eyeglass or contact lens prescriptions.

14. Medicare Advantage plans are health plans that are approved by Medicare and provided by private companies. Also known as Medicare Part C, this is another way for beneficiaries to receive their Part A, B and D benefits.

15. Medicare Part D provides coverage for prescription drugs.

16. All Other—Any written health insurance premium other than those in lines 1 through 15, including but not limited to hospital indemnity and accident only.

18. Credit Disability—Covers monthly payments to a lender if someone is injured or disabled to the point where they cannot work. [See 24-A M.R.S.A. § 2853(2).]

### **Questions about the Report May be Directed To**

Keith Fougere – Phone: (207)-624-8432 or E-Mail: [Keith.A.Fougere@maine.gov](mailto:Keith.A.Fougere@maine.gov)

### **Send the Completed Maine 286-A Form To**

Save the completed Excel spreadsheet with the file named as follows: Company Name followed by a space, followed by your NAIC code (e.g., ABC Insurance Company 12345.xlsx). Send it as an e-mail attachment to

[Keith.A.Fougere@maine.gov](mailto:Keith.A.Fougere@maine.gov)

**Because many companies file other report forms with the Maine Bureau of Insurance, please specify the name of the report form that you are filing (e.g., 286-A) in the body or subject line of your e-mail.**