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| **Maine Bureau of Insurance** |
| Form Filing Review Requirements Checklist |
| TOI - H13G |
| Group Short Term Care |
| Revised – 10/1/2018 |
| 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** |  |  |  |
| Coordination of Benefits provisions (requirement applicable only if policy contains a coordination of benefits provision)Coordination of Benefits with Medicare and Medicaid | [Title 24-A § 2844](https://legislature.maine.gov/statutes/24-A/title24-Asec2844.html)(1-A)(B)(4) [Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx) § 9(A)[Rule 191](https://www.maine.gov/sos/cec/rules/02/031/031c191.docx) § 9(D)[Rule 790](https://www.maine.gov/sos/cec/rules/02/031/031c790.doc) [Bulletin 440](https://www.maine.gov/pfr/insurance/themes/insurance/pdf/440.pdf) | Provisions relating to coordination of benefits payable under the contract and under other plans of insurance or of health care coverage under which a certificate holder or the certificate holder's dependents may be covered must conform to Bureau of Insurance [Rule 790](https://www.maine.gov/sos/cec/rules/02/031/031c790.doc).The statute also sets forth how coordination with Medicare and Medicaid is governed. Medicaid (MaineCare) is always secondary payer to the insurer. |  |
| Definitions, Disclosures, Prohibitions, Minimum Standards, Outline of Coverage | [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 4[Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 5[Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6[Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 7 | Must comply with [Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc), including but not limited to § 4 (policy definitions); § 5 (prohibited provisions); § 6(L) (scope of “supplemental health” plans); § 7(A) (disclosures, font size and related protections); § 7(B) (mandatory outline of coverage and disclosures); and § 7(M) (outline of coverage content). |  |
| Designation of Product Category | [Title 24-A § 2694](https://legislature.maine.gov/statutes/24-A/title24-Asec2694.html)[Rule 755](https://www.maine.gov/sos/cec/rules/02/031/031c755.doc) § 6 | Heading of form filer’s cover letter shall designate intended coverage category. |  |
| Notice Regarding Policies or Certificates Which are Not Medicare Supplement Policies | [Title 24-A § 5013](https://legislature.maine.gov/statutes/24-A/title24-Asec5013.html)[Rule 275](https://www.maine.gov/sos/cec/rules/02/031/031c275.docx) § 17(E) | The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than twelve (12) point type and shall contain the following language: “THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from the company. If you have a Medicare Supplement policy or major medical policy, this coverage may be more than you need. For information call the Bureau of Insurance at 1-800-300-5000.” |  |
| Notice That Policy or Certificate Is Not Long Term Care | [Title 24-A § 5072](https://legislature.maine.gov/statutes/24-A/title24-Asec5072.html) (4)[Title 24-A § 5074](https://legislature.maine.gov/statutes/24-A/title24-Asec5074.html) (3) | For prominent display on first page: "THIS [POLICY OR CERTIFICATE] IS NOT A LONG TERM CARE CONTRACT” and “IS NOT INTENDED TO BE QUALIFIED FOR INCOME TAX INCENTIVES UNDER FEDERAL OR MAINE LAW.” |  |
| 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 \_\_\_ |  |
| Renewal provision | [Title 24-A § 2738](https://legislature.maine.gov/statutes/24-A/title24-Asec2738.html)[Title 24-A § 2820](https://legislature.maine.gov/statutes/24-A/title24-Asec2820.html) | Policy must contain the terms under which it can/ cannot be renewed. Must be placed prominently on the first page. |  |
| Requirements for Documents External to Policy or Certificate | [Title 24-A § 2755](https://legislature.maine.gov/statutes/24-A/title24-Asec2755.html)[Title 24-A § 2816](https://legislature.maine.gov/statutes/24-A/title24-Asec2816.html) | Re application; notice of claim; proof of loss; and assignment of benefits (last document mandated by Title 24-A §2755). |  |
| Right to Internal Review of Insurer’s Claim and Other Denials | [Title 24-A § 2847](https://legislature.maine.gov/statutes/24-A/title24-Asec2847.html) | The policy or certificate shall provide the insured with an opportunity to seek insurer review of the latter’s denial of benefits and of other claims. The right of appeal must be prominently set forth in every written notice to the insured pertaining to the denial. |  |
| 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.  |  |
| 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[Title 24-A § 2707](https://legislature.maine.gov/statutes/24-A/title24-Asec2707-A.html)-A[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. FOR INDIVIDUAL PLANS: Insurers must provide the following disclosure, notice and reinstatement rights:1. Insured has the right to elect a third party to receive notice and that the insurer will send them a third party notice request form to make that selection.2. Insured and designated individual will receive a 10 day notice of cancellation.3. Insured has the right to reinstatement of the contract if the insured suffers from cognitive impairment or functional incapacity and the ground for cancellation was the insured’s nonpayment of premium or other lapse or default on the part of the insured.4. Notice that if a request for reinstatement of coverage because of cognitive impairment or functional incapacity is denied, notice of denial shall be provided to the insured and to the person making the request, if different. The notice of denial shall include notification of the 30 day period following receipt of the notice during which a hearing before the Superintendent may be requested. FOR GROUP PLANS: 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 Certificate holder 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 Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 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 Certificate holder and is made via payroll deduction, then [Rule 580](https://www.maine.gov/sos/cec/rules/02/031/031c580.doc), § 5 (3) would apply and the insurer must include this notification in the policy/certificate to advise the member of their rights. 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) § 6(A)(7), the requirement may be satisfied by including the notice of reinstatement right in an application that is incorporated into the contract. |  |