Links to applicable rules and statutes: [**Ins 400 - Submission/Form Rules**](http://www.gencourt.state.nh.us/rules/state_agencies/ins400.html)**;** [**Ins 4100 - Rates**](http://www.gencourt.state.nh.us/rules/state_agencies/ins4100.html)**;** [**RSA 415:18 Group Provisions**](http://www.gencourt.state.nh.us/rsa/html/XXXVII/415/415-18.htm)**;** [**Ins 1001 - Claims**](http://www.gencourt.state.nh.us/rules/state_agencies/ins1000.html)**;** [**RSA 415;**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-415.htm)[**RSA 400-A;**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-400-A.htm)[**RSA 420-F;**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-F.htm)[**420-J;**](http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII-420-J.htm)[**Ins 2600;**](https://www.gencourt.state.nh.us/rules/state_agencies/ins2600.html)[**2700;**](http://www.gencourt.state.nh.us/rules/state_agencies/ins2700.html)[**6000;**](http://www.gencourt.state.nh.us/rules/state_agencies/ins6000.html)[**6100;**](http://www.gencourt.state.nh.us/rules/state_agencies/ins6100.html)[**6200**](http://www.gencourt.state.nh.us/rules/State_Agencies/ins6200.html)

I. SUBMISSION REQUIREMENTS – ALL FORMS

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| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM SUBMISSION ADHERES TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Filing Submission Requirements | Ins 401.14 (c) | Third Party Authorization: Authorization letter is attached to the Supporting Documentation tab if the forms are being submitted on behalf of an insurance company. |  |  |
|  | Ins 401.14 (e) | Certificate of Compliance is signed/dated and attached to the Supporting Documentation tab. |  |  |
|  | RSA 420-H:5 I (a) & IV | All policy, certificate, or contract forms have a minimum Flesch score of 40. Certification of the Flesch score is attached to the Supporting Documentation tab or Readability Scores are completed on the Form Schedule tab. |  |  |
|  | Ins 401.14 (f) | The SERFF Filing Description includes a brief description of each form, including any new or unusual features, and a list of forms to which it will be attached. |  |  |
|  |  | The General Information tab indicates a brief statement indicating the filing status in the state of domicile, including the date approved. |  |  |
|  |  | The SERFF Filing Description includes a statement indicating if a form is replacing another form, including the name of the form being replaced. |  |  |
|  |  | (4) If a form is being replaced, a “red-lined” document indicating the differences between the previous and new forms is attached to the Supporting Documentation tab. |  |  |
|  | Ins 401.14 (o) | If a rider, amendment, or endorsement is filed that changes or adds language to another form(s), a “red-lined” document of the impacted form highlighting the changes is attached to the Supporting Documentation tab. |  |  |
| Form Submission Requirements | Ins 401.14 (g) | All forms are submitted in the same layout as sold to consumers in New Hampshire. |  |  |
|  | Ins 401.14 (h) | All policy, certificate, and contract forms over 3,000 words or printed on 3 or more pages are electronically bookmarked with a Table of Contents or index of the principal sections of the form. |  |  |
|  | Ins 401.14 (i) | Specifications page is completed with hypothetical data that is realistic and consistent with the other contents of the policy/contract. |  |  |
|  | Ins 401.14 (k) | All forms are filed as intended for use with all related forms to enable the review of the form with proper context. |  |  |
|  | Ins 401.14 (l) | Certificates include enrollment forms. |  |  |
|  | Ins 401.14 (m) | Policies, certificates, and rates are submitted together. |  |  |
|  | Ins 401.14 (p) | All variable language is identified with the use of brackets and a statement of variability is attached to the Supporting Documentation tab. |  |  |
|  | Ins 401.14 (q) | Revised forms are submitted with a distinguishing form number. |  |  |
|  | Ins 401.14 (r) | All forms submitted are in final print. |  |  |
|  | Ins 401.14 (u) | If a Group policy or certificate is filed, the corresponding group certificate or policy is included on the same filing. |  |  |
|  | Ins 401.14 (w) | If forms were previously disapproved and are being resubmitted for review, the previous SERFF tracking number is stated in the Filing Description. In addition, all previous correspondence and red-lined copies of the previously submitted forms are attached to Supporting Documentation tab in SERFF. |  |  |

II. GENERAL FORM REQUIREMENTS

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| --- | --- | --- | --- | --- |
|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Policy Number | Ins 401.04 (a) | Each form shall contain a form number containing numbers, letters, or both that shall be placed in the lower left corner. The form number may contain the prefix “Form”. If a change is made to the form, the new form shall be submitted with a new form number. |  |  |
| Corporate Information | Ins 401.04 (b) | Each policy and certificate shall contain the full corporate title, address, toll free telephone and facsimile numbers, and the company website address if available. |  |  |
| Brief Description | Ins 401.04 (c) | Each policy and certificate shall provide a brief description of the nature of the policy on the face page, specifications page, or back page. |  |  |

III. GENERAL APPLICATION/ENROLLMENT FORM REQUIREMENTS

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|  | RULE/STATUTE REFERENCE | CONFIRM APPLICATIONS/ENROLLMENT FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Application - Declarative Statement | Ins 401.12 (a) | The declarative portion of the application, if any, shall imply a representation of facts to the best of the applicant's knowledge. For example "I represent," or "To the best of my knowledge and belief, Wording such as "I Certify" are prohibited. |  |  |
| Application - Prohibition | Ins 401.12 (d) | No provision is permitted that changes the terms of the policy to which it is attached. |  |  |
| Application - Prohibition | Ins 401.12 (e) | Questions as to race or ethnicity are prohibited. |  |  |
| Application-  Replacement | Ins 401.12 (f) | f) All applications shall contain a question inquiring whether the policy sought is intended to replace an existing policy; |  |  |
|  | Ins 401.14 (k) | On-exchange Marketplace application must be attached to the supporting documentation tab for informational purposes.  Off-exchange applications must be attached to the forms schedule tab for review/approval. |  |  |
| Disclosure | Ins 6201.05 (c) | Off-exchange applications for dental plans shall contain a prominent statement by type, stamp or other appropriate means in either contrasting color or in boldface type at least equal to the size type used for the headings or captions of sections of the application and in close conjunction with the applicant's signature block on the application as follows: **"The [policy] [certificate] provides dental benefits only. Review your [policy][certificate] carefully."** |  |  |

IV. SADP GENERAL REQUIREMENTS

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|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Advertising | Ins 2601 | *Advertisements of Accident and Health Insurance*  NHID requires submission of SADP advertising materials along with an attestation issuer adheres to marketing standards. |  |  |
| Use of Marketplace Brand/Logo | [Federal Health Insurance Marketplace Branding Guide](https://marketplace.cms.gov/outreach-and-education/marketplace-brand-guide.pdf) | Advertising materials that utilize Health Insurance Marketplace logo must adhere to Health Insurance *Marketplace Brand Identify and Design Standards* (e.g., Issuers must inform consumers in marketing materials that the SADP is certified by the Marketplace, issuer cannot inform consumers that the certification of a SADP implies any form of further endorsement or support of the SADP. |  |  |
| Advertising: Disclosure | [FINAL 2016 Letter to Issuers](https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/184740_2016_Letter_to_Issuers_2_20_2015_R.pdf) | CMS recommends that marketing materials distributed to enrollees and to prospective enrollees, contain a clause such as the following: “[Insert plan’s legal or marketing name] does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations.” |  |  |
| Transparency in Coverage | 45 C.F.R. § 156.220 | Issuers seeking certification of a health plan as a QHP must submit Transparency in Coverage template for the applicable Plan Year per CMS guidance. |  |  |
| Federally Required Forms | [Master List](https://www.nh.gov/insurance/lah/lah_checklists.htm) | Master Checklist with Filing and Binder Requirements for Stand-Alone Dental Plans submitted |  |  |

V. SADP POLICY FORM REQUIREMENTS

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|  | RULE/STATUTE REFERENCE | CONFIRM FORMS ADHERE TO THE FOLLOWING REQUIREMENTS | YES | N/A |
| Cover Page Disclosure | Ins 6201.05 (r) | (r) All dental plan policies and certificates shall display prominently by type, stamp, or other appropriate means on the cover page of the policy or certificate, 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 or certificate the following: "Notice to Buyer: This policy provides dental benefits only." |  |  |
| Free Look | Ins 6001.06 (c) | The following provision shall appear in a conspicuous place on the cover page of all ancillary accident and health policies and certificates: **"This policy may, at any time within 30 days after its receipt by the policyholder, be returned by delivering it or mailing it to the company or the agent through whom it was purchased.  Immediately upon such delivery or mailing, the policy will be deemed void from the beginning, and any premium paid on it will be refunded."** |  |  |
| Renewability | Ins 6001.06 (d) | (d) Each policy of individual ancillary health insurance or group ancillary health insurance 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. |  |  |
| Physical Examination and Autopsy | RSA 415:18 I (k) | A provision that the insurer shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law. |  |  |
| Grace Period | RSA 415:18 I (p) | A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the coverage shall continue in force, unless the policyholder has given the insurer written notice of discontinuance in advance of the period for which payment is due, and in accordance with the terms of the policy. |  |  |
| Incontestability | RSA 415:18 I (r) | A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by a person shall be used in contesting the validity of the insurance, unless it is contained in a written instrument signed by the person making such statement.  A 30 day advance notice is required. |  |  |
| Legal Action | RSA 415:18 I (n) | 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 3 years from the expiration of the time within which proof of loss is required by the policy. |  |  |
| Part-Time Employees | RSA 415:18 I (q) | A provision that the insurer shall not exclude part-time employees. A part-time employee shall be any employee who regularly works a minimum of at least 15 hours per week. |  |  |
| Notice of Claim | RSA 415:18 I (h) | A provision captioned Notice of Claim that complies with RSA 415:18 I (h). |  |  |
| Proof of Loss | RSA 415:18 I (i) | A provision captioned Proof of Loss that complies with RSA 415:18 I (i). |  |  |
| Time of Claims Payment | RSA 415:18-k | A provision captioned Time of Claims Payment that complies with RSA 415:18-k. |  |  |
| Essential Health Benefits: FEDVIP High Option Dental Benefits | 45 C.F.R. § 156 Appendix B  [FEDVIP Plan Details](https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2014/brochures/MetLife.pdf) | Class A (Basic) Services – preventive and diagnostic |  |  |
|  |  | Class B (Intermediate) Services – includes minor restorative services |  |  |
|  |  | Class C (Major) Services – includes major restorative, endodontic, and prosthodontic services |  |  |
|  |  | Class D Services - orthodontic |  |  |
| Preventive Fluoride:  No cost sharing | CFR §147.130 | No cost sharing is allowed for pediatric dental fluoride treatment per USPSTF preventive service recommendations |  |  |
| Prohibition on Annual/Lifetime Dollar Limits | 45 C.F.R. § 55.1065 (a)(2) | Section 2711 of the PHS Act (and its implementing regulations at 45 C.F.R. §147.126) generally prohibits group health plans and health insurance issuers in the individual and group markets from placing annual or lifetime limits on the dollar value of EHB for any beneficiary. Under 45 C.F.R. § 155.1065 (a)( 2), the pediatric dental EHB offered by stand-alone dental plans certified to be offered in the Exchanges must be offered without annual and lifetime limits. |  |  |
| Annual Limits on Cost-sharing and Maximum Out-of-Pocket Expenses | [2023 Letter to Issuers in the FFE](https://www.cms.gov/files/document/2023-draft-letter-issuers-508.pdf) | For the 2023 plan year, the proposed annual limits on cost sharing for the pediatric dental EHB when offered as part of a stand-alone dental plan remains at $375 for one covered child and $750 for two or more covered children. This requirement does not apply to stand-alone dental plans not being offered for the purpose of providing a pediatric dental benefit that supplements major medical QHPs to meet the 10 major medical essential health benefits |  |  |
| Dependent | RSA 415:5 I (3-a) | In the event a carrier elects to provide coverage for dependent children, the term "dependent child'' shall include a subscriber's child by blood or by law, who is under age 26. |  |  |
| Disabled Dependent Continuation of Coverage | RSA 415:5 I (3-a) (a) | The coverage of any family member insured by such policy, pursuant to subparagraph (3), who is mentally or physically incapable of earning his or her own living on the date as of which such dependent's status as a covered family member would otherwise expire because of age, shall continue under such policy while such policy remains in force or is replaced by another policy as long as such incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder or the employee or his or her estate is chargeable for the care of said dependent, provided that due proof of such incapacity is received by the insurer within 31 days of such expiration date. |  |  |
| Coverage during Adoptive Proceedings | RSA 415:22-a | All individual and group health insurance policies which provide coverage for a family member of the insured shall, as to such family member's coverage, also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B.Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption. |  |  |
| Newborn Coverage | RSA 415:22 | All individual and group health insurance policies which provide coverage for a family member of the insured shall, as to such family member's coverage, also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding under the provisions of RSA 170-B.Such health insurance benefits shall terminate upon dismissal or withdrawal of the petition for adoption. |  |  |
| Anesthesia | [FEDVIP](https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plan-codes/2014/brochures/MetLife.pdf) | Deep sedation, general anesthesia and intravenous conscious sedation in conjunction with surgical or operative procedures, regardless of age. |  |  |
| Pediatric Dental: Waiting Periods | 45 CFR 156.115 (a)(6) | Per FAQ (May26, 2016), Issuers are no longer allowed to include a waiting period for medically necessary orthodontia services for both stand-alone pediatric dental and embedded medical product that includes pediatric dental. |  |  |
| Pediatric Dental: Coverage to Age 19 thru end of Calendar Year | 45 CFR 156.115 (a)(6)  RSA 420-G:4 I (a). | Per 45 CFR 156.115 (a)(6), pediatric dental benefits must be provided until at least the end of the month in which the enrollee turns 19 years of age. However, New Hampshire law RSA 420-G:4 I(a) requires a guaranteed rating period of at least 12 months. The policy must provide benefits at least until the end of the calendar year after the enrollee turns 19 years of age.  All premium rates charged shall be guaranteed for a rating period of at least 12 months, and shall not be changed for any reason... |  |  |
| Network Adequacy | RSA 420-J:7  Ins 2701 | A health carrier shall maintain a network that is sufficient in numbers, types, and geographic location of providers to ensure that all services to covered persons will be accessible without unreasonable delay.  Dental issuers must meet the standards for network adequacy enforced by the NHID for the 2023 plan year QHP review which requires SADP issuers to offer two (2) open panel dental practices per county in the issuer’s service area. For certified SADPs, networks must include Essential Community Providers per 45CFR 156.230 and 45 CFR 156.235. |  |  |
| Balance Billing Prohibitions | RSA 329:31-b | When a commercially insured patient is covered by a managed care plan as defined under RSA 420-J:3, XXV, a health care provider performing anesthesiology, radiology, emergency medicine, or pathology services shall not balance bill the patient for fees or amounts other than copayments, deductibles, or coinsurance, if the service is performed in a hospital or ambulatory surgical center that is in-network under the patient's health insurance plan. This prohibition shall apply whether or not the health care provider is contracted with the patient's insurance carrier. |  |  |
| Coordination of Benefits | Ins 1904 | This part applies to all group insurance plans subject to RSA 415, RSA 420-A and RSA 420-B. |  |  |
| Managed Care: Appeal process | RSA 420-J:5  Ins 2703.03 | Every carrier or other licensed entity shall establish and shall maintain a written procedure by which a claimant or a representative of the claimant, shall have a reasonable opportunity to appeal a claim denial to the carrier or other licensed entity, and under which there shall be a full and fair review of the claim denial. The written procedure filed with the insurance department shall include all forms used to process an appeal and comply. |  |  |
| Managed Care: Notice of Right to External Review | Ins 2703.04 (a) (1) – (4) | (a) Health carriers shall provide to covered persons the insurance department’s “Managed Care Consumer Guide to External Appeal” and the insurance department’s “Request for Independent External Appeal of a Health Care Decision” in each of the following circumstances:  (1)The publications shall be attached to the policy, membership booklet, or other evidence of coverage provided to covered persons; |  |  |
| Continuation Rights | RSA 415:18 XVI | Carriers shall provide continuation of coverage when an individual covered by a plan of group health insurance or a health maintenance organization that provides medical, hospital, dental, and/or surgical expense benefits, loses coverage under the plan. Continuation coverage shall be identical to the coverage provided to other similarly situated members of the group that are still covered by the plan. Periods of coverage shall be as follows: When any individual loses coverage under a group health insurance plan for any reason except dismissal from employment for gross misconduct or carrier termination, coverage shall continue subject to this section for a period of 18 months, unless the individual is eligible for coverage under the following:  Whenever the entire group is terminated, coverage shall continue subject to this section for a period of 39 weeks.  An individual who is determined to be disabled within the first 60 days of the date such individual loses coverage shall be entitled to 29 months of continuation coverage.  Coverage shall continue subject to this section for a period of 36 months if any individual loses coverage under a group health insurance plan for one of the following reasons:  Death of a covered employee, divorce or legal separation of the covered employee or, if the employee’s former spouse has been covered pursuant to RSA 415:18 VII-b, the first occurring of any of the following events: The remarriage of the covered employee; the death of the covered employee; the 3-year anniversary of the final decree of divorce or legal separation; or such earlier time as provided by such decree;  A substantial loss of coverage by retirees and dependents within one year of the employer filing for protection under the bankruptcy provisions of Title 11 of the United States Code; or  A dependent child ceasing to be a dependent child.  Surviving spouse age 55 or older –When the surviving spouse, divorced spouse, or legally separated spouse is 55 years of age or older and loses coverage because of the death, divorce or legal separation of the covered employee, coverage shall continue subject to this section until such time as the spouse becomes eligible for participation in another employer-sponsored group plan, or becomes eligible for Medicare. |  |  |
| Summary Plan Description of Continuation Rights | RSA 415:18 XVI (f) | (1) The carrier shall provide, at the time of commencement of coverage under the health benefit plan, a summary plan description to each eligible member or subscriber of the rights provided under this section. (2) Notice of the right to continue coverage also shall be set forth in each master policy and individual certificate of coverage. |  |  |
| Certificate of Good Standing/NH License | 45 CFR § 156.200 (b) (4) | The New Hampshire Insurance Department Certificate of Good Standing (Compliance) and current license must be attached to the supporting documentation tab. An updated license must be attached upon issue in June. |  |  |
| Patients’ Bill of Rights | RSA 415:18 XIV | Provide a copy of the Patients’ Bill of Rights that will be provided to individual policyholders under RSA 151:21. |  |  |
| ID Cards: Jurisdiction Disclosure | RSA 400-A:15-c | **Identification of Health Coverage Under the Jurisdiction of the Insurance Commissioner**. – All health coverage as defined in RSA 420-G:2, IX and prescription drug and dental benefits offered separately as described in RSA 420-G:2, IX(j) shall be identified as being under the jurisdiction of the insurance commissioner. Such identification shall be clearly printed on a member's identification card and the policy issued to an insured after January 1, 2010. |  |  |
| Outline of Coverage | Ins 6201.06 (h) | The items included in the outline of coverage shall appear in the following sequence:  [COMPANY NAME]  [TYPE OF ANCILLARY HEALTH COVERAGE]  THIS [POLICY] [CERTIFICATE] PROVIDES LIMITED BENEFITS  BENEFITS PROVIDED ARE SUPPLEMENTAL AND ARE NOT INTENDED TO COVER ALL MEDICAL EXPENSES  OUTLINE OF COVERAGE  Read Your [Policy] [Certificate] Carefully —this outline of coverage provides a very brief description of the important features of coverage. 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!  [Type of Ancillary Health] coverage is designed to provide, to persons insured, [brief description of Type of Ancillary Health coverage], subject to any limitations set forth in the policy or certificate. Coverage is not provided for any benefits other than the specific [Type of Ancillary Health] benefits described and any additional benefit described below:  (1) [A brief specific description of the benefits, including dollar amounts];  (2) [A description of any policy provisions that exclude, eliminate, restrict, reduce, limit, delay, or in any other manner operate to qualify payment of the benefit described in paragraph (1) above]; and  (3) [A description of policy provisions respecting renewability of continuation of coverage, including age restrictions or any reservation of right to change premiums].” |  |  |

VI. COMMENTS: