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## BULLETIN 23-17

Date: October 11, 2023

To: Insurers, Nonprofit Health Service Plans, and Health Maintenance Organizations

Re: Stand-Alone Dental Plan Carrier or Stand-Alone Vision Plan Carrier Exemption from the Health Care Regulatory Assessment under § 2–112.2 of the Insurance Article and the Annual Assessment Fee under § 2–502 of the Insurance Article for each year in which the Health Insurance Provider Fee is paid

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The purpose of this Bulletin is (i) to verify which entities constitute “Stand-Alone Dental Plan Carriers” and “Stand-Alone Vision Plan Carriers” subject to the exemption; and (ii) to provide information on the operational aspects of the exemption.

### *Authority*

Section 6-102.1 of the Insurance Article assists in the stabilization of the individual health insurance market by assessing a Health Insurance Provider Fee that is attributable to the State health risk for calendar years 2019 through 2028.

Section 6-105.3 of the Insurance Article, effective October 1, 2022, provides that a stand-alone dental plan carrier or stand-alone vision plan carrier that is subject to the Health Insurance Provider Fee imposed under § 6–102.1 in calendar year 2024 and each calendar year thereafter is exempt from the Health Care Regulatory Assessment under § 2–112.2 of this Article and the Annual Assessment Fee under § 2–502 of this Article for each year in which the Health Insurance Provider Fee is paid.

*Stand-Alone Dental Plan Carrier or Stand-Alone Vision Plan Carrier Definition*

A carrier is considered to be a Stand-Alone Dental Plan carrier or a Stand-Alone Vision Plan carrier if it is licensed to write health insurance and:

- (i) it writes Dental-Only line of business; or
- (ii) it writes Vision-Only line of business; or
- (iii) it writes both Dental-Only and Vision-Only lines of business; and
- (iv) it does not write any other type of business.

*Operation of the Exemption*

A carrier meeting the definition of a Stand-Alone Dental Plan carrier or a Stand-Alone Vision Plan carrier will not be required to submit a request for an exemption. The Maryland Insurance Administration will make an adjustment to its procedures to exclude Stand-Alone Dental Plan carriers and Stand-Alone Vision Plan carriers from its calculation of the Health Care Regulatory Assessment under § 2-112.2 and the Annual Assessment Fee under § 2-502 for each year in which the Health Insurance Provider Fee is paid.

Questions regarding this Bulletin should be directed to Lynn Beckner, Associate Commissioner, Financial Regulation, Maryland Insurance Administration, 200 St. Paul Place, Suite 2700, Baltimore, MD 21202, or by email to [lynn.beckner@maryland.gov](mailto:lynn.beckner@maryland.gov).

KATHLEEN A. BIRRANE  
Commissioner

By: **SIGNATURE ON ORIGINAL**

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Lynn Beckner  
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