

COMPANY:
FORMS(S):

DENTAL PLAN ORGANIZATION**Brief Description & Law/Regulation Cite****“X” Means
Applicable****Form/
Page****A. Filing Incomplete or in Unacceptable Format**

A1.	Transmittal Form – COMAR 31.04.17.03C(1) Required for paper filings only		
A2.	Self-Addressed Stamped Envelope – COMAR 31.04.17.03C(3) Required for paper filings only		
A3.	NAIC Company Number on Submission Letter – COMAR 31.04.17.03B		
A4.	Duplicate Forms - COMAR 31.04.17.03A Required for paper filings only		
A5.	Premium Rates - COMAR 31.12.04.10A		
A6.	Listing of Forms with Brief Descriptions – COMAR 31.04.17.03C(4)		
A7.	Description of Unique Features - COMAR 31.04.17.03J		
A8.	Form Number - COMAR 31.04.17.03D		
A9.	Corporate Name and Address - COMAR 31.04.17.03G		
A10.	Unacceptable Modifications - COMAR 31.04.17.03H		
A11.	Specimen Data - COMAR 31.04.17.03K		
A12.	Signature of Officer - COMAR 31.04.17.03M		
A13.	Advertising Prohibited - COMAR 31.04.17.07		
A14.	Size of type - COMAR 31.04.17.03E		
A15.	Illegible Form – COMAR 31.12.04.09B(4)		
A16.	Filing Fees Paid - §2-112(a)(9), Insurance Article		

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A17.	Unacceptable Variable Material – COMAR 31.04.17.04A		
A18.	Statement of Variability – COMAR 31.04.17.04A		

B. Contracts with Insert Pages

B1.	Form Number – COMAR 31.04.17.04B(1)(a)		
B2.	Description of How Pages will be Combined – COMAR 31.04.17.04B(1)(b)(i)		
B3.	Listing of Substitute Pages – COMAR 31.04.17.04B(1)(b)(ii)		
B4.	Form Number and Approval Date for Pages Replaced – COMAR 31.04.17.04B(3)(a)		
B5.	Copy of Currently Approved Contract – COMAR 31.04.17.04B(3)(b)		

C. Contracts Comprised of Sections

C1.	Form Number – COMAR 31.04.17.04C(1)(a)		
C2.	Description of How Sections will be Combined – COMAR 31.04.17.04C(1)(b)(i)		
C3.	Listing of Substitute Sections – COMAR 31.04.17.04C(1)(b)(ii)		
C4.	Form Number and Approval Date for Sections Replaced – COMAR 31.04.17.04C(3)(a)		
C5.	Copy of Currently Approved Contract – COMAR 31.04.17.04C(3)(b)		

D. Dental Benefit Contracts

D1. <u>Required Provisions</u>		
a. Effective Date - COMAR 31.12.04.04A		
b. Payment of Premium - COMAR 31.12.04.04B <ul style="list-style-type: none"> • Premium due date shall be the date the coverage period begins-COMAR 31.10.28.05 (Individual) COMAR 31.11.10.04N (Group) 		
c. Grace Period - COMAR 31.12.04.04C and COMAR 31.12.04.05		
d. Eligibility and Effective Date (Group Only) - COMAR 31.12.04.04D		
e. Benefit Description - COMAR 31.12.04.04E		
f. Copayment Description - COMAR 31.12.04.04F		
g. Service Area Description - COMAR 31.12.04.04G		
h. Out-of-Area Emergency - COMAR 31.12.04.04H		
i. Referral to Specialist - COMAR 31.12.04.04I		
j. Right to Standing Referral to Network Specialist §15-830(b), Insurance Article		
k. Right to Request Referral to Specialist Not on Dental Plan’s Provider Panel - §15-830(d), Insurance Article <ul style="list-style-type: none"> • Referral must be granted if the Dental Plan cannot provide reasonable access to a specialist without unreasonable travel or delay • Deleted the provision that the out-of-network provider agree to accept the same reimbursement as a network specialist 		
l. Inability to Provide Services - Circumstances Beyond the Plan’s Control - COMAR 31.12.04.04J		
m. Termination - COMAR 31.12.04.04K		
n. Grievance Procedure - COMAR 31.12.04.04L Title 15, Subtitle 10A, Insurance Article		

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o. Complaint Process for Coverage Decisions - COMAR 31.12.04.04L, Title 15, Subtitle 10D, Insurance Article		
p. Office to file complaints - §15-112(j)(4), Insurance Article		
q. Extension of Benefits - COMAR 31.12.04.04M §15-833, Insurance Article		
r. Must Give At Least 45 Days Notice of Premium Increase At Renewal (Group Only) - §15-122, Insurance Article		
s. Required Exclusion for Prohibited Provider Referrals §15-110(d), Insurance Article		
D2. <u>Optional Provisions</u>		
a. Missed Appointment Fee - COMAR 31.12.04.07B(1)		
b. Premium Increase - COMAR 31.12.04.07B(2)		
c. Penalty for voluntary withdrawal during first year of coverage - COMAR 31.12.04.07B(3)		
d. Patient Charge Schedule Increase - COMAR 31.12.04.07B(4)		
e. Refusal to Follow Treatment - COMAR 31.12.04.07B(5)		
f. Termination for Fraud - COMAR 31.12.04.07B(6)		
g. Termination for Inability to Maintain a Satisfactory Dentist-Patient Relationship - COMAR 31.12.04.07C		
h. Incapacitated Child - COMAR 31.12.04.07D		
D3. <u>Other</u>		
a. Legal Actions - §12-209(3), Insurance Article		
b. Subject to Maryland Law - §12-209(1), (2), Insurance Article		
c. Use of “Insurance” Prohibited - §14-415(b), Insurance Article		
d. Mandatory Point of Service Option - §15-114, Insurance Article		

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e. Court Ordered Coverage of Children - §15-405, Insurance Article		
f. Application must include Insurance Fraud-Required Disclosure Statement - §27-805, Insurance Article (amended effective 1/1/13, House Bill 301, Chpt. 120, Acts of 2012); MIA Bulletin 12-07		
g. Dental Preventive Care- <ul style="list-style-type: none"> • Annual dental care preventive visit must be provided at any time during the plan year-may not require that visit be in a required time period after prior visit • If the contract provides benefits for dental preventive care more often than once per plan year, the contract may not require that the visits be separated by more than 120 days. §15-135.1, Insurance Article House Bill 1356, Chapter 720, Acts of 2012, effective 10/1/12 		

E. Evidence of Coverage

E1. Name of Group - COMAR 31.12.04.06B		
E2. Corrections required in master policy also required in evidence of coverage - COMAR 31.12.04.06A, COMAR 31.12.04.07A		

E. Provider Contracts

F1. Twelve Month Initial Commitment - COMAR 31.12.04.08B		
F2. Hold Harmless Clause - COMAR 31.12.04.08C		
F3. Effective Date - COMAR 31.12.04.08D		
F4. Termination Date - COMAR 31.12.04.08E		
F5. Renewal Provision - COMAR 31.12.04.08F		
F6. Benefits provided in exchange for copayments - COMAR 31.12.04.08G(1)		

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F7.	Experimental Medical Care definition - §15-123, Insurance Article		
F8.	Certain Retroactive Denials of Reimbursement Prohibited §15-1008(c), Insurance Article		
F9.	Plan must provide 90 Day Notice of Termination §15-112(b)(1)(ii)5., Insurance Article		
F10.	Providing Services After Notice of Termination (Primary care dentist only) - §15-112(i), Insurance Article		
F11.	Withholds Prohibited - §15-113(b), Insurance Article		
F12.	Prohibition against limiting communications between Provider and Patient - §15-116, Insurance Article		
F13.	May Not Require Providers To File Claims Sooner Than 180 days From Date of Service - §15-1005(d), Insurance Article		
F14.	Payment of Capitation Fees to Health Care Provider Within 45 Days After Initial Care is Given - §15-113(e), Insurance Article		
F15.	Certain Bonuses Permitted - §15-113(c), Insurance Article;		
F16.	Provider Must Give Dental Plan 90 Days Notice of Termination from Health Benefit Plan - §15-112.2(e)(1) Insurance Article		
F17.	Provider Required to Continue to Furnish Health Care Services for 90 Days After Provider Gives Notice to Dental Plan of Termination - §15-112.2(e)(2)Insurance Article		
F18.	Dental Plan Must Permit Provider a Minimum of 90 Working Days After a Claim Denial to Appeal - §15-1005(d)(2), Insurance Article		
F19.	May not require provider to participate on a capitated provider panel, as a condition of participating on a fee-for-service provider panel - §15-112.2(b), Insurance Article		
F20.	“Most Favored Nation” clause prohibited-§15-112(l)		
F21.	Assignment, Transfer, or Subcontracting of Health Care Providers’ Contracts to a PIP Insurer - §15-125		

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F22. May not require the provider to serve on panel for workers' compensation services—§15-125(c)		
F23. Required disclosure that informs provider of the right to elect not to serve on panel for workers' compensation services--§15-125(c)(3)		
F24. May not include a provision requiring dental provider to provide non-covered services at fees set by the Dental Plan Organization-§15-112.2(g), Insurance Article, Chpt. 85, Acts of 2011, effective 10/1/11		