



COMMONWEALTH OF MASSACHUSETTS
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HEALTH COVERAGE
Filing Guidance Notice 2015-D

TO: Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) and Health Maintenance Organizations (HMOs)

FROM: Kevin Patrick Beagan, Deputy Commissioner of the Health Care Access Bureau

DATE: November 2, 2015

RE: Preventive Care and Out-of-Pocket Maximums within “Dual Certificate Products”

This Filing Guidance Notice is issued to inform commercial health insurers, Blue Cross and Blue Shield of Massachusetts, Inc. (BCBSMA) and health maintenance organizations (HMOs) (collectively “Carriers”) that write or intend to write so-called “dual certificate plans.”

Within the Massachusetts market, certain carriers offer insured products that cover an insured under both a closed network HMO product, subject to the provisions of M.G.L. c. 176G and an open network product subject either to M.G.L. c. 175 or M.G.L. c. 176A/B. Under these products, the insured member may receive the HMO’s level of benefits when the member elects to receive care from a provider in the HMO’s network, or the insured member may receive the other certificate’s level of benefits when the member elects to receive care outside the HMO’s system. It has been the Division of Insurance’s position that each of the certificates is a separate evidence of coverage and that each is required to comply with Massachusetts mandated benefits and to have separate cost-sharing features that do not rely on the benefits in the other certificate of the “dual certificate plan.”

In order to implement the provisions of the federal Patient Protection and Affordable Care Act of 2010 (“ACA”), the Centers for Medicare and Medicaid Services (“CMS”) has issued guidance regarding required preventive care benefits and permissible out-of-pocket maximums and has indicated that the preventive care requirements and out-of-pocket maximums apply to in-network benefits but do not apply to out-of-network benefits. The Division considers that this guidance also applies to the benefits within “dual certificate plans.” When carriers submit “dual certificate plan” materials, the Division expects that the HMO certificate that is part of a “dual certificate plan” includes preventive care and out-of-pocket maximums that are consistent with CMS guidelines, but the Division would not expect the other certificate that is part of a “dual certificate plan” to satisfy the same requirement for preventive care or out-of-pocket maximums.

If you have any questions regarding this Filing Guidance Notice, please contact Kevin Beagan, Deputy Commissioner of the Health Care Access Bureau, at (617) 521-7323.