



COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
DIVISION OF INSURANCE

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HEALTH COVERAGE
Filing Guidance Notice: 2026-D

TO: Dental Insurance Carriers Subject to M.G.L. c. 176X
FROM: Niels Puetthoff, Director, Bureau of Managed Care
DATE: April 1, 2026
RE: Annual Dental Policy Form Filings

Filing Guidance Notice 2026-D notifies dental insurance carriers (“Carriers”) regarding the filing of insured dental Evidences of Coverage to the Massachusetts Division of Insurance (“Division”) that are intended to be offered to individuals, group associations, or employer groups in Massachusetts (“Dental Benefit Plans”), as set forth in 211 CMR 156.04(1) and section 2(a) of M.G.L. c. 176X.

ANNUAL DENTAL FORM FILING

Dental Carriers are to submit annual dental form filings by July 1 of each year through the System for Electronic Rate and Form Filing (SERFF) using the **MassachusettsH** instance of SERFF. When submitting policy form filings, Carriers are to use the TOI code H21-Health Other; and use Filing Type “Annual Dental Filing.”

Carriers should include a \$75 filing fee for each NEW stand-alone Dental Benefit Plan. Within the filing description, Carriers should cross-reference the SERFF Tracking Number of the carrier’s corresponding annual dental rate filing.

All Dental Carriers are required to make an annual dental form filing and will fall within one of the following identified categories below.

A. Dental Carriers are required to submit a completed cover sheet marked as Appendix A to outline the following information for each of the Carrier’s stand-alone insured Dental Benefit Plans:

- Dental Benefit Plan Name
- Policy Form Number
- Indicate whether it is an Individual or Group product
- Dental Provider Network Name
- Product Filing SERFF tracking number if previously submitted for Division review (if not previously submitted to the Division for review, please indicate “NEW”)
- Year First Marketed

- B. For **NEW** products or **EXISTING (i.e., previously reviewed by the Division)** that materially change from what was previously reviewed:
1. For **NEW** products, Evidences of Coverage for all **NEW** insured dental products; and Schedules of Benefit documents that identify the range of benefits that are proposed to be offered with the **NEW** product.
 2. For **EXISTING** products that are proposed to be materially changed from what was previously reviewed by the Division:
 - a. All material changes to **EXISTING** Evidences of Coverage;
 - b. All material changes to Schedules of Benefit used with **EXISTING** products;
 3. Applicable checklist(s) for **NEW** products and **EXISTING** products that are proposed to be materially changed from what was previously reviewed by the Division:
 - a. [Checklist for the filing of an individual stand-alone dental filing](#); and/or
 - b. [Checklist for the filing of a group stand-alone dental filing](#);
 4. If the plan coordinates benefits through a network of dentists, any material changes to Plan provider network documents, as necessary:
 - a. Electronic copies of dental provider directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate provider directories for each separate network**; and
 - b. Geo-access maps of each network identified by network name, along with separate geo-access maps that include access standards for consumers to see dentists within the plan network. The Geo-access maps shall contain the same data as the electronic copies of all directories. **Please note that if a Carrier has multiple networks, the Carrier will need to provide separate Geo-access maps, along with corresponding network access analysis for each separate network.**

For any questions related to this filing guidance, please contact Niels Puetthoff at niels.puetthoff@mass.gov.