



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

One Federal Street, Suite 700 • Boston, MA 02110
(617) 521-7794 Toll-free (877) 563-4467
<http://www.mass.gov/doi>

MAURA T. HEALEY
GOVERNOR

KIMBERLEY DRISCOLL
LIEUTENANT GOVERNOR

MICHAEL T. CALJOUW
COMMISSIONER OF INSURANCE

INSURED PREFERRED PROVIDER PLANS IN MASSACHUSETTS
(SUBJECT TO M.G.L. CHAPTER 176I AND 211 CMR 51.00)

CARRIER NAME AND ADDRESS

**PLAN FIRST
MARKETED**

1. Aetna Life Insurance Company¹

151 Farmington Avenue, MB58
Hartford, CT 06156

Attn: Daniel Kinderman
Product and Regulatory Affairs State Consultant
(312) 764-4344

Product Name:	Form #:	Product Type:	
Open Choice	AL GrpPol; AL HCOC et al.	Medical	10/88
Managed Choice	AL GrpPol; AL HCOC et al.	Medical	01/91
Blanket Student Insurance Policy	AL HPol-SH; AL HCOC-SH et al.	Medical	11/01
Saving Plus ²	ALGrpPol; AL HCOC et al.	Medical	03/16
Open Access	ALGrpPol; AL HCOC-EPO et al.	Medical	12/22
Open Access Elect Choice	ALGrpPol; AL HCOC-EPO et al.	Medical	12/22
Advantage Plus	ALHGrpPol-Dental; AL HCOC-ManagedDental et al.	Dental	12/00
Advantage Plus	AL HGrpPol-Dental; AL HCOC-ManagedDental et al.	Dental	02/04
Dental PPO	AL HGrpPol-Dental; AL HCOC-PPODental et al.	Dental	12/00
Aetna Leap Dental PPO	AL IVL HPol-PPODental; AL IVL OOC-PPODental et al.	Dental	12/17
Student Health Dental	AL SH HPol-Dental; AL HCOC-SH-DentalPPO et al.	Dental	03/21
Aetna Vision Preferred	AL HGrpPol-Vision; AL HCOC-VisionAVP et al.	Vision	09/11
Student Health Vision	AL SH HPol-Vision AVP; AL HCOC-SH-VisionAVP et al.	Vision	03/21
Pharmacy – Massachusetts ³	GR-9	Prescription Drug	11/02
Sports Accident Insurance ⁴	GR-96449 1005 ED. 01-10 et al	Accident Only	03/08

¹ Aetna offers two pharmacy network plans with its medical policies; Aetna Managed Pharmacy Network provides access to a network that is smaller than Aetna's General pharmacy network. Members have access to pharmacy benefits only from the pharmacies in the Aetna Managed Pharmacy Network. Please call the carrier directly if you have any questions about the participation of your pharmacy.

² Aetna's tiered "Savings Plus" Network [Acute Care Hospitals & Specialists] only offered in the counties of Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk Counties.

³ Plan is not actively marketed but may be purchased in the Massachusetts large group market on a request basis.

⁴ Form GR-96449 1005 ED. 01-10 et al to replace the originally filed form GR-96487-1 ED. 10-07 et al upon group's renewal date.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****2. Altus Dental Insurance Company, Inc.⁵**

10 Charles Street
Providence, R.I. 02904-2208

Attn: Melissa Gennari
AVP of Compliance
(877) 223-0588

Product Name:	Form #:	Product Type:	
Altus Dental Preferred & Plus	GRPDENTAL_AD 1	Dental	08/01
Altus Dental Preferred Point of Service – AAA Member Plan ⁵	AD 3C	Dental	12/02
Altus Dental Value Option Plan	GRPDENTAL_AD 5	Dental	01/08
Altus Dental for 1	AD100-IND (MA)	Dental	12/11
Altus Dental Individual	INDDENTAL_AD200-INDX (MA)	Dental	01/14
Altus Dental for Small Business	GRPDENTAL_AD200-GPRX (MA)	Dental	01/14
Altus Group Vision PPO	GRPVISION_ALTUS (6-21)_COC	Vision	07/21

3. American Family Life Assurance Company of Columbus

1932 Wynnton Road
Columbus, GA 31999

(706) 323-3431

Product Name:	Form #:	Product Type	
Group Vision PPO	POLICY QNV1100MMA	Vision	03/21
Group Dental PPO	POLICY QNV1100MMA	Dental	03/21

4. Ameritas Life Insurance Corp.⁶

5900 “O” Street
Lincoln, NE 68510

Attn: Ms. Erin Shiley
Manager – Group Compliance
(800) 745-6665 x82296

Product Name:	Form #:	Product Type:	
Certificate [and Summary Plan Description] Group [Dental] [and] [Eye] Insurance	9021 MA Rev. 02-17	Dental/Vision	08/17
Individual Dental [and] [Eye] Care Insurance Policy	Indiv. 9000 MA Rev. 10-20 et al.	Dental/Vision	11/17
Individual Eye Care Policy	Indiv. 9000 MA Rev. 02-19-V	Vision	09/17

⁵ Plan offered only to AAA MA or NH residents.

⁶ Effective December 31, 2016, Security Life Insurance Company of America (“Security Life”) merged into Ameritas Life Insurance Corp (“Ameritas”). Effective January 1, 2017, the Complete and Advantage Plus plans were no longer marketed in Massachusetts.

5. Blue Cross and Blue Shield of Massachusetts, Inc.

(d/b/a Blue Cross Blue Shield Massachusetts)
101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

Attn: New Business Sales Group
(800) 262-BLUE [800 262-2583]

Product Name:	Form #:	Product Type:	
Blue Care Elect	BCBS-PPO (1-1-2022)	Medical	1988
Blue Care Elect with Hospital Choice			01/12
Dental Blue PPO Program 1	DENT PPO1 (10-1-01 Rev.)	Dental	01/94
Dental Blue PPO Program 2	DENT PPO2 (10-1-01 Rev.)	Dental	01/94
Dental Blue PPO Preventive Option	DENT PPO1 (10-1-01 Rev.)	Dental	01/05
Blue 20/20 w/Insight Network	BCBS-VC 20/20 (1-1-2023)	Vision	03/14
Blue 20/20 w/Access Network	BCBS-VC 20/20 (1-1-2023)	Vision	03/14
Blue 20/20 PLUS	BCBS-VC 20/20 (1-1-2023)	Vision	01/23

6. Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc.

101 Huntington Avenue, Suite 1300
Boston, MA 02199-7611

Attn: New Business Sales Group
(800) 262-BLUE [800 262-2583]

Product Name:	Form #:	Product Type:	
Preferred Blue PPO	HMO-PPO (1-1-2022)	Medical	01/08
Preferred Blue PPO Options			
Preferred Blue PPO with Hospital Choice			01/12

7. CIGNA Health and Life Insurance Company

900 Cottage Grove Road
Hartford, CT 06152

Attn: Sales and Marketing
(860) 226-6000

Product Name:	Form #:	Product Type:	
Cigna Individual Dental PPO	HC-NOT11 et. al./HC-CER33	Dental	01/14
CIGNA Dental PPO	HP-POL63 et. al	Dental	07/11
Point of Service	HC-CER1, et al.	Medical	08/11
Point of Service Open Access	HC-CER1, et al.	Medical	08/11
CareLink/Open Access Plus	HC-CER1, et al.	Medical	08/11
PPO	HC-CER1, et al.	Medical	08/11
Open Access Plus	HC-CER1, et al.	Medical	08/11
Medical LocalPlus	HC-CER1 et al.	Medical	01/15

8. Colonial Life & Accident Insurance Company

1200 Colonial Life Boulevard
Columbia, SC 29202

Attn: (800) 325-4368

Product Name:	Form #:	Product Type:	
Individual Dental w/ Unum Dental Network	IDN8000-MA	Dental	08/2018
w/ Optional Vision	R-VSN8000-MA	Vision	12/2021
Rider w/First Look Vision Network			

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****9. Combined Insurance Company of America**

5050 Broadway
Chicago, IL 60640

Attn: Combined Select Programs
(732)-945-2300

Product Name:	Form #:	Product Type:	
Combined Advantage Vision Plan	VN C63007 0817-ADV-MA	Vision	01/18
Combined Access Vision Plan	VN C63007 0817-MA	Vision	03/18
Combined Select Vision Plan	VN C63007 0817-MA	Vision	03/18
Combined Insight Vision Plan	VN C63007 0817-MA	Vision	03/18

10. Companion Life Insurance Company

Companion Life Insurance Company
1301 Gervais Street, Ste 900
Columbia, SC 29201

(803)735-1251

Product Name:	Form #:	Product Type:	
Group Dental Plan	CL-DEN-1100-C-MA	Dental	04/23
Group Vision VSP Plan	CL-VIS-5000-C-MA	Vision	03/23

11. ConnectiCare of Massachusetts, Inc.

175 Scott Swamp Road
Farmington, Connecticut 06032

Attn: Sales
(860) 723-2986

Product Name:	Form #:	Product Type:	
Point of Service Open Access	CMI/POS LG 01 (1/2023)	Medical	01/01
Point of Service Deductible	CMI/POS Deductible (1/2023)	Medical	10/11
Point of Service High Deductible Health Plan w/ HSA	CMI/POS HDHP HSA LG 01 (01/2023)	Medical	01/21

12. Continental Life Insurance Company of Brentwood, Tennessee

1021 Reams Fleming Boulevard
Franklin, TN 37064

(800) 264-4000

Product Name:	Form #:	Product Type:	
Individual Dental Insurance	CLIDH917 MA	Dental	03/03
CLI Dental, Vision and Hearing Expense Policy	MA CLIDH917 Policy 1-26-23	Individual Dental, Vision and Hearing	02/23

13. Dearborn National Life Insurance Company⁷

701 E. 22nd Street
Lombard, IL 60148

Attn: Ms. Antionette Hill
(630) 458-5744

Product Name:	Form #:	Product Type:	
Group Dental Insurance	7C-100-1004-MA R608	Dental	10/06

14. Dental Service of Massachusetts, Inc.

(d/b/a Delta Dental of Massachusetts)
465 Medford Street
Boston, MA 02129-1454

Attn: Sales
(617) 886-1000

Product Name:	Form #:	Product Type:	
DeltaCare USA	Form# SP151-FDS	Dental	02/95
DeltaCare	Form# SP103-FDS	Dental	02/95
Delta Dental PPO		Dental	01/92
Options:			
National I	Form# SP032		
National II	Form# SP030		
National II	Form# SP036		
Local I	Form# SP034		
Local II	Form# SP035		
Value Local	Form# SP001		
Individual National	Form #DDP-PPA6		

15. Dentegra Insurance Company

100 First Street
San Francisco, CA 94105

Attn: Customer Service Center
(877) 280-4204

Product Name:	Form #:	Product Type:	
Dentegra Group PPO	G-SLE-E-MA-09	Dental	07/12
Dentegra Individual PPO Plan	I-PPO-C-MA-12	Dental	07/12
Dentegra Group PPO	G-PPO-E-MA-09	Dental	02/13
Delta Dental PPO SM for Individuals and Families	I-SLE-C-MA-09	Dental	03/12

16. Dentegra Insurance Company of New England

500 Mission Street, Suite 1300
San Francisco, CA 94105

Attn: Customer Relations
(866) 261-4275

Product Name:	Form #:	Product Type:	
AARP Dental Insurance Plan	COC-DICNE-MA-AARP-2019	Dental	08/07

⁷ Effective March 1, 2012, Fort Dearborn Life Insurance Company's name changed to Dearborn National Life Insurance Company ("Dearborn National"). The carrier notified the Division on March 3, 2017 that it had discontinued marketing its dental products in 2012.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED**

17.DSM Massachusetts Insurance Company, Inc. Attn: Sales
 465 Medford Street (800) 872-0500
 Boston, MA 02129-1454

Product Name:	Form #:	Product Type:	
Total Choice PPO	DD.TCPPO.GRP.LOCAL.012017	Dental	07/17
Delta Dental EPO	DDEPO.SubcInd. 06-15	Dental	11/14
Individual Options:			
EPO Pediatric	IND 06515		
EPO Enhanced	High Adult IND 05-15		
EPO Value	Low Adult OON IND 05-15		
EPO Pediatric Basic	Low OON IND 05-15		
EPO Basic Exclusive	DD.EPO.Ind.Basic.BPR 05-15		
Delta Dental EPO	DDEPO.SubcGrp. 005-15	Dental	11/14
Group Options:			
EPO Pediatric	Standardized Plan 05-15		
EPO Family Enhanced	Standardized Plan- High Adult 05-15		
EPO Family Value	Standardized Plan- Low Adult OON 05-15		
EPO Pediatric Basic	Non-Standardized Plan Low OON 05-15		
EPO Basic Exclusive	DD.EPO.Family.Basic.BPR 05-15		
Delta Dental EPO Group MA	DDEPO.Non-ACA.SubcGrp.09-14 & MA.EPO.BPR.09.2014		12/14
DeltaCare (Individual)	DSM.MA.DeltaCare.Ind.Sub.Cert.01.15	Dental	08/15
DeltaCare (Group)	DSM.MA.DeltaCare.Grp.Sub.Cert.01.15	Dental	08/15

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****18.Fidelity Security Life Insurance Company⁸**

P.O. Box 418131
3130 Broadway
Kansas City, MO 64111

Attn: Ms. Melinda Everley
(800) 648-8624 x1527

Product Name:	Form #:	Product Type:	
EyeMed Vision Plan	C-9059MA (12/09) ¹⁰	Vision	12/02
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
EyeMed Vision Plan	C-9083MA (05/17)	Vision	05/10
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
w/ EyeMed Select Vision Network			
EyeMed Vision Plan	C-9093MA (05/17)	Vision	05/10
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
w/ EyeMed Select Vision Network			
EyeMed Vision Plan	C-9184MA (10/20)	Vision	10/20
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Network			
w/ EyeMed Select Network			
EyeMed Vision Plan	C-9185MA	Vision	02/21
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
w/ EyeMed Select Network			
EyeMed Vision Plan	C-9186MA	Vision	02/21
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
w/ EyeMed Select Network			
EyeMed Vision Plan	M-9192MA	Vision	05/21
w/ EyeMed Access Vision Network			
w/ EyeMed Advantage Vision Network			
w/ EyeMed Insight Vision Network			
w/ EyeMed Select Network			

19.First Health Life and Health Insurance Company⁹

3200 Highland Ave.
Downers Grove, IL 60515

Attn: Customer Service
(800) 252-0227

Product Name:	Form #:	Product Type:	
Dental PPO	MHBP01C-MA 0911	Dental	07/12
with DentalGuard Network ¹¹			

⁸ As of November 24, 2003, the originally approved group form was replaced with a revised Form (C-9004MA-PPO). Effective November 8, 2006 Form# C-9004MA-PPO was replaced with Form# C-9059MA (10/06) with subsequent revisions. On January 29, 2018, the carrier notified the Division that Form# C-9059MA is no longer marketed; upon group anniversary business will be renewed under Form# C-9083MA (05/17).

⁹ First Health Life and Health Insurance Company notified the Division that plan is intended to be offered to only federal employees.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****20.4 Ever Life Insurance Company¹⁰**

933 First Avenue Attn: GEO BLUE - Administrator
King of Prussia, PA 19406 (855) 682-7965

Product Name:	Form #:	Product Type:	
GeoBlue Expat/ BlueCross Blue Shield Global Expat	54.1315 (MA) ¹²	Medical	11/14

21. (The) Guardian Life Insurance Company of America

7 Hanover Square
New York, New York 10004

Attn: Group Sales
(617) 482-2693

Product Name:	Form #:	Product Type:	
DentalGuard Preferred	CGP-3-DNTL-90-1 et al.	Dental	10/94
DentalGuard Preferred	CGP-3-DGY2K-PPOSP-MA	Dental	02/04
Individual Dental Plan	IP-DEN-12-MA	Dental	11/12
VisionGuard	CGP-3-VSN-96-VIS et al.	Vision	09/00
Davis Vision	CGP-3-Davis-11-MA	Vision	01/13

22. Harvard Pilgrim Health Care, Inc.

1 Wellness Way
Canton, MA 02021

Attn: Sales Department
(781) 251-1500 or (800) 848-9995

Product Name:	Form #:	Product Type:	
The Harvard Pilgrim PPO Plan	1133_09 & SOB 1561_13	Medical	06/98
Best Buy PPO			
<u>Individual/Small Group:</u>			

23. Health New England, Inc.

One Monarch Place
Springfield, MA 01144-1006

Group Sales (800) 842-4464
Individual Sales (800) 842-4464

Product Name:	Form #:	Product Type:	
HNE Advantage Plus	HNE/POSPLUS-06	Medical	08/04
HNE PPO Premier	HNE/NatPPO-06	Medical	08/04
HNE PPO Essential	HNE-PPO-06	Medical	
	HNE-NatPPO-06		
HNE PPO Wise	HNE-NatPPOSaver-06	Medical	02/06
HNE MedPlus PPO	HNE-NatPPO-07- Medicare-Grp	Medicare Wraparound	07/08

¹⁰ As of February 23, 2018, the original approved Form# 54.1301 MA was replaced with Form# 54.1315 (MA).

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****24.HPHC Insurance Company, Inc.**

1 Wellness Way
Canton, MA 02021

Attn: Sales Department
(800) 848-9995

Product Name: The PPO Plan The Access America Plan	Form #: 1130_21; SOB1562_13	Product Type: Medical	12/02
The Best Buy HSA PPO Plan The Access America Best Buy HSA Plan	1139_22; SOB1612_12	Medical	12/04
The Harvard Pilgrim ChoiceNet Best Buy PPO Plan	1379_20; SOB1563_13	Medical	
<u>Individual/Small Group:</u> PPO HSA	1141_19/2548_07; SOB 1613_11	Medical	
The PPO Plan The Access America Plan	1130_21; SOB1562_13	Medical	12/02
The Best Buy HSA PPO Plan The Access America Best Buy HSA Plan	1139_22; SOB1612_12	Medical	12/04
Point32Health Vision	2960/2934; SOB 2936	Vision	11/23
Point32Health Dental	2955/2933; SOB 2935	Dental	11/23

25.HM Life Insurance Company¹¹

120 Fifth Avenue, Fifth Avenue Place
Pittsburgh, PA 15222

Attn: Sales Department
1-800-278-6673

Product Name: Stand Alone Vision	Form #: HMC 902-VIS (6/10)	Product Type: Vision	07/14
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26.Humana Insurance Company¹²

1100 Employers Blvd
De Pere, WI 54115

Attn: Sales Department
1-920-336-1110

Product Name: Dental Plan Certificate ¹⁴	Form #: MA-70146-HD 1/09 et al.	Product Type: Dental	05/09
Humana Vision Care Plan	HUM VGRP CERT.002 (MA)	Vision	08/09
Humana EyeMed Vision Plan	MA-70147-01	Vision	09/09
Group Vision Certificate w/ EyeMed Insight Vision network	MA-70149-01 CERT	Vision	02/17
Dental PPO	MA-70146-HC 1/14	Dental	03/15
Individual Dental PPO	MA-71145	Dental	12/19
Individual Dental PPO	MA-72032	Dental	05/22

¹¹ HM Life Insurance Company notified the Division that it ceased offering new vision policies as of April 30, 2022. No new HML vision policies will be written after August 1, 2022. Existing policies will not be renewed on HML paper after September 30, 2022. Beginning on October 1, 2022, HML will terminate policies on the policy anniversary date.

¹² The application for approval of the dental plan (Form# MA-70146-HD 1/09 et al) was originally filed by HumanaDental Insurance Company ("HumanaDental"). Humana Insurance Company ("Humana") notified the Division on January 26, 2015 that HumanaDental Group Dental policies have been assumed by Humana effective October 1, 2015.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****27.The Lincoln National Life Insurance Company**

8801 Indian Hills Drive
Omaha, NE 68114

Attn: Customer Experience
1-800-423-2765

Product Name:
Group Dental Insurance

Form #:
GL11/GL12 Series

Product Type:
Dental

10/08

28.Loyal American Life Insurance Company

11200 Lakeline Blvd., Suite 100
Austin, TN 78755-0580

(866)459-4272

Product Name:
DVH Policy

Form #:
LY-DVH-BA-MA

Product Type:
Dental

8/22

29.Mass General Brigham Health Plan, Inc.

399 Revolution Drive
Somerville, MA 02145-1444

Group Sales (866) 643-8392
Individual Sales (781) 228-2231

Product Name:
Complete PPO Plus
Choice Easy Tier PPO Plus

Form #:
CompletePPOPLUSMM_v2
Choice ETPPOPLUSMM_v2

Product Type:
Medical
Medical

06/14
02/18

30.Mass General Brigham Health Insurance Company

399 Revolution Drive
Somerville, MA 02145-1444

Group Sales (866) 643-8392
Individual Sales (781) 228-2231

Product Name:
M LG Complete PPO Plus
LG Choice Easy Tier PPO Plus

Form #:
CompletePPOPLUS LG v2
ChoiceETPPOPLUS LG v2

Product Type:
Medical
Medical

06/14
04/18

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****31. Metropolitan Life Insurance Company^{13, 14,}**

P.O. Box 981282
El Paso, TX 79998-1282

Attn: Customer Service
1-800-942-0854

Product Name:	Form #:	Product Type:	
MetLife Preferred Dentist Program			
Classic	G.23000-13EMA1	Dental	06/98
	GCERT2000 den/classic	Dental	08/06
Value	G.23000-13EMA2	Dental	06/98
	GCERT2000 den/value	Dental	08/06
PDP Copay Plan	G.23000-13EMA3	Dental	02/04
	GCERT2000 den/copayrc	Dental	08/06
Individual Dental Policy	IND-DENTAL-2015 & IND-DENTAL-2015-FSD ¹⁵	Dental	01/17
Group Stand-Alone Vision Product (MetLife Vision)			
w/ Superior Vision Network	GCERT2000	Vision	08/22
w/ Davis Vision Network	GCERT2000	Vision	08/22
w/ VSP Network	GCERT2000	Vision	02/23

32. Mid-West National Life Insurance Company of Tennessee¹⁵

9151 Grapevine Highway
North Richland Hills, TX 76180

Attn: Kathy Melish
(508) 668-1951

¹³ Metropolitan Life Insurance Company offers website access for its group dental business - www.metlife.com/insurance/dental-insurance; website access for its individual dental business may be located as follows: www.metlifetakealongdental.com.

¹⁴ Plan designed as a dental group conversion plan offered to former group plan enrollees who lose access to their group dental plan.

¹⁵ On December 29, 2015 Mid-West National Life Insurance Company of Tennessee ("Mid-West") advised the Division that it no longer markets any new vision plans but continues to administer a closed block of business. Effective December 30, 2014, The MEGA Life and Health Insurance Company, NAIC#97055, merged into Mid-West National Life Insurance Company of Tennessee. Policy Form 25213-P was originally approved under MEGA; plan was discontinued to be offered in 2011.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****33.National Guardian Life Insurance Company**

2 East Gilman Street
Madison, WI 53703

Superior Vision Inquiries:
(770) 642-1240
NVA Inquiries:
(973) 574-2444
Medical Plan Inquires:
(800) 633-7867

Product Name:	Form #:	Product Type:	
Superior Vision Plan	NVIGRPCT 5/07-MA	Vision	01/08
National Vision Administrators (NVA) Plan	NVIGRPCT-MA 01/13	Vision	02/14
Superior Vision Plan	NVIGRPCT-SV 2019-MA	Vision	02/21
Davis Vision Plan	NVIGRPCT-DV 2019-MA	Vision	02/21

34.National Health Insurance Company

4455 LBJ Freeway, Suite 375
Dallas, TX 75244

(817) 640-1900

Product Name:	Form #:	Product Type:	
Individual Dental PPO w/ Optional Vision Rider	NHIC DENPPO 2020 IND POL MA w/ Optional Rider (NHIC VISION 2020 IND RIDER)	Dental	07/21

35.Principal Life Insurance Company

Principal Financial Group
711 High Street
Des Moines, IA 50392-0002

Attn: Steve Zeller
(515) 878-0793

Product Name:	Form #:	Product Type:	
Group Dental Expense Ins. Ind/PPOGC 7100		Dental	03/08
Group Vision Expense	GC 9000	Vision	05/14

36. Reliance Standard Life Insurance Company

2001 Market Street, Suite 1500
Philadelphia, PA 19103

Attn: Boston Regional Sales Office
(617) 210-4860

Product Name:	Form #:	Product Type:	
Certificate [and Summary Plan Description] Group [Dental] [and] [Eye] Insurance	9021 MA Rev. 02-17	Dental/Vision	12/17

37. Renaissance Life and Health Insurance Company of America¹⁶

P.O. Box 30381
Lansing, MI 48909

Attn: Administration Office
800 745-7509

Product Name:	Form #:	Product Type:	
Renaissance Non-EHB Individual Dental Policy Dental PPO Plan (w Delta Dental Network) ¹⁹	INVD-100A-2016-MA ¹⁷	Dental	10/08
Renaissance Massachusetts Group Dental Certificate In-network Benefit Dentist Rider	D-2102A-2014-MA	Dental	01/15
Group Vision PPO	D-202A-2014-MA & Summary of Dental Plan Benefits D-201A-2014-MA	Vision	02/21
Individual Vision PPO	V-100A-2020-MA	Vision	04/21
	VINV-100A-2021-MA	Vision	04/21

38. ShelterPoint Insurance Company

600 Northern Blvd., Suite 310
Great Neck, NY 11021

(516) 829-8100

Product Name:	Form#	Product Type:	
Group Dental PPO	SPI GD0215 C MA	Dental	01/18

39. Standard Insurance Company

900 SW Fifth Avenue
Portland, Oregon 97204-1282

Attn: Group Vision & Dental
(800) 547-9515

Product Name:	Form #:	Product Type:	
Certificate [and Summary Plan Description] Group [Dental] [and] [Eye] Insurance	9021 MA Rev. 02-17	Dental/Vision	12/17

¹⁶ Policy Form INVD-100A-2016-MA replaces the originally approved form INVD 100A.

¹⁷ Plan intended to be offered solely on a group conversion basis.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****40.Starmount Life Insurance Company**

8485 Goodwood Boulevard P.O. Box 98100
Baton Rouge, LA 70806

Attn.: Unum Dental & Vison
(888) 400-9304

Product Name:	Form #:	Product Type:	
Group Vision w/First Look	VI-2019CT -MA	Vision	01/21
Vision Network			
Group Vision w/Insight Network	VI-2019CT -MA	Vision	01/21
Group Dental w/Unum Dental	DN-2015GRPCT-MA	Dental	02/18
Network			
Group Dental w/Unum Dental	20-GDN-CERT	Dental	04/21
Network			

41.Sun Life Assurance Company of Canada ^{19, 18}

One Sun Life Executive Park
Wellesley Hills, MA 02481

Attn: Client Services
(800) 247-6875

Product Name:	Form #:	Product Type:	
Dental PPO	GC-A-1 et al.	Dental	04/11
w/United Concordia			
Group Dental PPO	16-DEN-C 01	Dental	
Group Vision PPO	16-VIS-C 01		2/19

42.Tier One Insurance Company.

1932 Wynnton Road
Columbus, GA 31999-0001

(706) 323-3431

Product Name:	Form #:	Product Type:	
AFLAC Tier One DVH	MA_Policy_T80000.20230215	Individual Dental, Vision and Hearing	04/23

43.Tufts Associated Health Maintenance Organization, Inc.

(d/b/a Tufts Health Plan)
1 Wellness Way
Canton, MA 02021

Attn: POS Member Services
(800) 462-0224

PPO Inquiries – (800) 423-8080

Product Name:	Form #:	Product Type:	
Point of Service Option	CC-MAPOS-001 Ed. 1-2017	Medical	12/86
Preferred Provider Option	MA-PPO-001 Ed. 1-2017	Medical	01/97

¹⁸ Sun Life Assurance Company of Canada (“SLOC”) notified the Division in June 2012 that it has not yet begun its sales and marketing of the Dental PPO (Form# GC-A-1 et al.) utilizing the DenteMax network product.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****44. Tufts Insurance Company¹⁹**

1 Wellness Way
Canton, MA 02021

Attn: Member Services
(800) 423-8080
CareLink Inquires – (866) 352-9114

Product Name:	Form #:	Product Type:	
CareLink	MA-TICOPPO-002 Ed. 1-2012	Medical	10/07
Advantage PPO ²²	MA-TICOPPO-001 Ed.1-2012	Medical	01/03

45. Union Security Insurance Company

P.O. Box 3050
Milwaukee, WI 53201-3050
2323 Grand Boulevard
Kansas City, MO 64108

Attn: Client Services
(800) 443-2995 (Dental & Vision inquires)
(800) 345-5705 Boston Group Sales Office

Product Name:	Form #:	Product Type:	
Group Vision Certificate w/VSP	GC-10 Vis CFP et al.	Vision	01/12

46. United Concordia Insurance Company²⁰

Northwoods Crossing Office Park
4401 Deer Path Road
Harrisburg, PA 17110

Attn: Russ Rubin, Group Sales
(888) 884-8224

Product Name:	Form #:	Product Type:	
Concordia Preferred w/Advantage Plus 2.0 network or w/ Elite Plus Network ²⁰	MA9804-B (06/17)	Dental	06/04
Preferred Schedule of Benefits	MA 9808 0316		
Flex Schedule of Benefits	MA 9806 0316		

¹⁹ Form approved on October 8, 2003 and replaces originally approved form # MA-TICOPPO-001 Ed.4-2003.

²⁰ Dental plan is offered with a choice of two networks: Advantage Plus 2.0 and Elite Plus. The Elite Plus Network was placed on file as of June 15, 2017.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****47. United of Omaha Life Insurance Company**

Mutual of Omaha Plaza
Omaha, NE 68175

Attn: Renaissance Administrators
(877) 999-2330

Product Name:	Form #:	Product Type:	
Group Dental	12345GCB-DEN-EZ 13 MA	Dental	03/10
Group Vision	GVIS2018C MA	Vision	01/22

48. UnitedHealthcare Insurance Company^{21, 22}

950 Winter Street
Waltham, MA 02451

Attn: Sale Department
(888)735-5842

Product Name:	Form #:	Product Type:	
Choice Plus		Medical	11/01
Small Group	COC.INS.2018.SG.MA & SBN.CHC.I.2018.SG.MA		
Large Group ²³	COC.INS.2018.LG.MA & SBN.CHP.I.2018.LG.MA		
Options PPO ²⁴	COC.INS.2018.LG.MA & SBN.OPT.I.2018.LG.MA		
Non-Differential ²⁵	COC.INS.2018.LG.MA & SBN.NDF.I.2018.LG.MA		
Dental Certificate of Coverage ²⁶	DCOC.18.MA Dental		07/19
Student Resources Dental	DCOC.SR.21.MA	Dental	07/22
Blanket Student PPO Injury & Sickness Benefits Group Policy	COL-17-MA CERT & COL-17-MA SOB PPO	Medical	07/07
Transplant Benefit Certificate	UCC-CERT-MA (02/04)	Medical (Transplant Only)	08/07
Group Vision Care	VCOC.INT.06	Vision	05/08
Student Resources Vision	VPOLCOC.SR.08.MA	Vision	01/09

²¹ Choice Plus Small Group forms SBN.CHP.I.2018.SG.MA & SBN.CHC.I.2018.SG.MA replace COC17.CER.I.11.SG.MA & SBN17.CHP.I.11.SG.MA; Large Group Choice Plus forms COC.INS.2018.LG.MA & SBN.CHP.I.2018.LG.MA & SBN.CHP.I.2018.LG.MA replace COC17.CER.I.11.LG.MA & SBN17.CHP.I.11.LG.MA which replaced COC.ACA15.CER.I.11.MA.KA, COC.AMD16.I.11.MA.KA & SBN.16.CHP.I.11.MA.KA..

²² UnitedHealthcare Insurance Company confirmed that it markets the product to only Large Group (100+) size employer groups. Options PPO forms COC.INS.2018.LG.MA & SBN.OPT.I.2018.LG.MA replace COC17.CER.I.11.LG.MA & SBN17.OPT.I.11.LG.MA which replaced COC.AMD16.I.11.MA.KA SBN16.NDF.I.11.MA.KA.

²³ Options PPO Non-Differential forms COC.INS.2018.LG.MA & SBN.NDF.I.2018.LG.MA replace COC17.CER.I.11.LG.MA & SBN17.NDF.I.11.LG.MA which replaced COC.AMD16.I.11.MA.KA SBN16.NDF.I.11.MA.KA.

²⁴ Form# DCOC.CER.06 AZ [Rev. 1/06] et al. replaces the originally approved Form# DCE.

²⁵ Form# COL-17-MA CERT replaces Form# 12-BR-MA-PPO which had replaced the originally approved Form# COL-06-MA.

²⁶ UnitedHealthcare Insurance Company confirmed that it markets this product to only self-funded employer groups.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****49. United States Fire Insurance Company**

6 Madison Avenue
Morristown, NJ 07962

(973) 490-6600

Product Name: Form #:
Student (K-12) Health PPO BA-51000-C-MA

Product Type:
Student Health

04/2021

50. Unum Insurance Company

2211 Congress Street
Portland, ME 04122

Attn: Sales
(800) 974-2266

Product Name: Form #:
Group Vision PPO VI-2019CT-UIC-MA

Product Type:
Vision

03/25

51. Vision Service Plan Insurance Company

Vision Service Plan
3333 Quality Drive
Rancho Cordova, CA 95670

Attn: Sales
(916) 851-5000

Product Name: Form #:
Group Vision Care Plan REG EOC-7/00

Product Type:
Vision

08/00

52. Wellfleet Insurance Company

5814 Reed Road
Fort Wayne, IN 46835

(413) 747-8418

Product Name: Form #:
Student Health PPO MA SHIP CERT

Product Type:
Student Health

10/2018