



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

1000 Washington Street, Suite 810 • Boston, MA 02118-6200
 (617) 521-7794 Toll-free (877) 563-4467
<http://www.mass.gov/doi>

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AND BUSINESS REGULATION

GARY D. ANDERSON
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 Company^{1, 2, 3}

151 Farmington Avenue, MB58
Hartford, CT 06156

Attn: Mr. Stephen Halloran
Product and Regulatory Affairs Senior Manager
(860) 273-9875

Product Name:	Form #:	Product Type:	
Open Choice	GR-9 (Open)	Medical	10/88
Managed Choice	GR-9 (Managed)	Medical	01/91
Blanket Student Insurance Policy	GR-96134	Medical	11/01
Saving Plus ¹	GR-9N et al. (Tiered Network)	Medical	03/16
Advantage Plus	MA-DMO	Dental	12/00
Advantage Plus	MA-DMO Copay Plans	Dental	02/04
Dental PPO	MA-Dental PPO	Dental	12/00
Aetna Vision Preferred	GR-9	Vision	09/11
Pharmacy – Massachusetts ²	GR-9	Prescription Drug	11/02
Sports Accident Insurance ³	GR-96449 1005 ED. 01-10 et al	Accident Only	03/08

2. Altus Dental Insurance Company, Inc.⁴

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

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

Product Name:	Form #:	Product Type:	
Altus Dental Preferred & Plus	AD 1	Dental	08/01
Altus Dental Preferred ⁴	AD 3C	Dental	12/02
Altus Dental Value Option Plan	1 AD 5	Dental	01/08
Altus Dental for 1	AD100-IND (MA)	Dental	12/11
Altus Dental Individual	AD200-INDX (MA)	Dental	01/14
Altus Dental for Small Business	AD200-GPRX (MA)	Dental	01/14

¹ Aetna's tiered "Savings Plus" Network [Acute Care Hospitals & Specialists] only offered in the counties of Bristol, Essex, Middlesex, Norfolk, Plymouth, and Suffolk Counties.

² Plan is not actively marketed but may be purchased in the Massachusetts large group market on a request basis.

³ 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.

⁴ Plan offered only to AAA MA or NH residents.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****3. Ameritas Life Insurance Corp.⁵**

5900 "O" Street
Lincoln, NE 68510

Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:	Form #:	Product Type:	
Certificate Group Dental [and Eye Care] Insurance	9021 MA Rev. 04-13	Dental	06/95
Group Eye Care Insurance	9021 Ed. 01-05	Vision	01/07
Group Eye Care Insurance w/ VSP	9021 MA VSP PPO Ed. 02-17	Vision	08/17
Complete ⁵ \$1,000 & \$2,000 Advantage Plus ⁵ \$1,000 & \$2,000	IP1000-MA & IPS1000-C-PPO-MA IP1000-MA & IPS1000-AP-PPO-MA	Dental	09/14

4. 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 (1-1-2013)	Medical	1988
Dental Blue PPO Program 1	DENT PPO1	Dental	01/94
Dental Blue PPO Program 2	DENT PPO2	Dental	01/94
Blue 20/20 w/Insight Network	BCBS-VC 20/20 (8-1-2013)	Vision	03/14
Blue 20/20 w/Access Network	BCBS-VC 20/20 (8-1-2013)	Vision	03/14

5. 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 (1-1-2013)	Medical	01/08

6. The Chesapeake Life Insurance Company⁶

9151 Grapevine Highway
North Richland Hills, TX 76180

Attn: Kathy Melish
(508) 668-1951

Product Name:	Form #:	Product Type:	
Vision Insurance Policy	CH-26023-IP (5/07) MA	Vision	06/11
Premiere Vision Plan w/ EyeMed Vision	CH-26120-IP (01/12) OON MA	Vision	05/15
PPO Dental Plan ⁶	CH-26121-IP (01/12) MA (07/17)	Dental	05/15

⁵ 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.

⁶ Form# CH-26121-IP (01/12) MA (07/17) replaces the originally filed form# CH-26121-IP (01/12) MA.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****7. CIGNA Health and Life Insurance Company**900 Cottage Grove Road
Hartford, CT 06152Attn: 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. Combined Insurance Company of America5050 Broadway
Chicago, IL 60640Attn: Combined Select Programs
(732)-945-2300

Product Name:	Form #:	Product Type:	
Vision Access Plan	VN C63007A/B 0906-MA	Vision	05/02
Preferred Plan	VN C63007CVC 0906-MA	Vision	05/02

9. ConnectiCare of Massachusetts, Inc.175 Scott Swamp Road
Farmington, Connecticut 06032Attn: Denise Roy
(860) 674-5843

Product Name:	Form #:	Product Type:	
Point of Service Open Access	CMI/POS SG 01 (01/2016)	Medical	09/00
Point of Service Open Access	CMI/POS LG 01 (01/2016)	Medical	09/00
Point of Service Deductible Open Access	CMI/POS Deductible SG 01 (01/2016)	Medical	10/11
Point of Service Deductible Open Access	CMI/POS Deductible LG 01 (01/2016)	Medical	10/11

10. Dearborn National Life Insurance Company⁷1020 31st Street
Downers Grove, IL 60515Attn: Ms. Antionette Hill
(630) 458-5744

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

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****11. 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		

12. 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

13. Dentegra Insurance Company of New England

100 First Street
 San Francisco, CA 94105

Attn: Customer Relations
 (866) 261-4275

Product Name:	Form #:	Product Type:	
AARP Dental Insurance Plan	CC-DNNE-MA (DELTAUSA1-2005)D	Dental	08/07

14. DSM Massachusetts Insurance Company, Inc.

465 Medford Street
 Boston, MA 02129-1454

Attn: Sales
 (800) 872-0500

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 AdultIND 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

CARRIER NAME AND ADDRESS**DATE FIRST MARKETED****(DSM Massachusetts Insurance Company, Inc. (cont'd))****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

15. Fallon Health & Life Assurance Company, Inc.

10 Chestnut Street Attn: Sales and Marketing
Worcester, MA 01608-2810 (508) 799-2100 x69434
(800) 333-2535 x69434

Product Name:	Form #:	Product Type	
Preferred Care	15-670-031	Medical	07/03
Deductible 2000 Low			
QHD 2000 HSA			

16. Fidelity Security Life Insurance Company ^{8,9}

P.O. Box 418131 Attn: Ms. Melinda Everley
3130 Broadway (800) 648-8624 x1527
Kansas City, MO 64111

Product Name:	Form #:	Product Type:	
EyeMed Vision Plan ⁸	C-9059MA (05/08)	Vision	12/02
w/ EyeMed Access Vision Network			
EyeMed Vision Plan	C-9059MA (12/08)	Vision	12/08
w/ EyeMed Advantage Vision Network ⁹			
EyeMed Vision Plan	C-9059MA (05/09)	Vision	07/09
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			

⁸ The group certificate was originally approved in December 2002. As of November 24, 2003, the group form was replaced with a revised Form (C-9004MA-PPO). As of November 8, 2006 Form# C-9004MA-PPO was replaced with Form# C-9059MA (10/06). As of July 31, 2008 Form# C-9059MA (10/06) was replaced with Form# C-9059MA(5/08). Group certificates C-9083MA (05/17) & C-9093-MA(05/17) approved on July 17, 2017 and replaces originally Group certificates C-9083MA & C-9093-MA placed on file in May 2010.

⁹ The EyeMed Advantage Vision Network is a subset of the EyeMed Access Vision Network.

CARRIER NAME AND ADDRESS**DATE FIRST MARKETED**

- 17. First Health Life and Health Insurance Company**¹⁰
 3200 Highland Ave. Attn: Customer Service
 Downers Grove, IL 60515 (800) 252-0227
- | | | | |
|--|-----------------|---------------|-------|
| Product Name: | Form #: | Product Type: | |
| Dental PPO
with DentalGuard Network ¹⁰ | MHBP01C-MA 0911 | Dental | 07/12 |
- 18. 4 Ever Life Insurance Company**
 100 Matsonford Road Attn: GEO BLUE - Administrator
 One Radnor Corporate Center, Suite 100 (855) 682-7965
 Radnor, PA 19087
- | | | | |
|---------------------|------------|---------------|-------|
| Product Name: | Form #: | Product Type: | |
| Global Health Guard | 54.1301 MA | Medical | 11/14 |
- 19. (The) Guardian Life Insurance Company of America**
 7 Hanover Square Attn: Group Sales
 New York, New York 10004 (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 |
- 20. Harvard Pilgrim Health Care, Inc.** (d/b/a Harvard Community Health Plan)¹¹
 93 Worcester Street Attn: Sales Department
 Wellesley, MA 02481 (781) 251-1500 or (800) 848-9995
- | | | | |
|---|------------------------------------|---------------|-------|
| Product Name: | Form #: | Product Type: | |
| Value PPO 15 (Plan Name 07) ¹¹ | 611/MAPPO0701; 100 | Medical | 06/98 |
| Affordable PPO 20 (Plan Name V8) | 611/MAPPO0701; 100 | Medical | 06/98 |
| Affordable PPO 25 (Plan Name AQ) | 611/MAPPO0701; 100 | Medical | 06/98 |
| Best Buy PPO 500 (Plan Name 81) | 611/MAPPO0701;
MABBPPSOB81 REV1 | Medical | 06/98 |
| Best Buy PPO 1000 (Plan Name OE) | 611/MAPPO0701; 592 | Medical | 06/98 |
| Best Buy PPO 2000 (Plan Name 84) | 611/MAPPO0701;
MABBPPSOB84 REV1 | Medical | 06/98 |

¹⁰ First Health Life and Health Insurance Company notified the Division that plan is intended to be offered to only federal employees.

¹¹ Previously approved plan known as Harvard Pilgrim PPO (Form# MAGPPO1; MAGPPOSB and MAPPO3T2).

CARRIER NAME AND ADDRESS**DATE FIRST MARKETED****21. Health New England, Inc.**

One Monarch Place
Springfield, MA 01144-1006

Attn: Paula Burke
(413) 787-4000 x3379

Product Name:	Form #:	Product Type:	
HNE Advantage Plus	HNE/POSPLUS-06	Medical	08/04
HNE Premier PPO	HNE/PHCS-PPO-06	Medical	08/04
HNE PPO Saver	HNE/PHCS-PPOSaver-06	Medical	08/04
HNE Wise ^{PPO}	HNE/PHCS-PPOSaver-06	Medical	02/06
HNE MedPlus PPO	HNE/PHCS/PPO-07- Medicare-Grp	Medicare Wraparound	07/08

22. HPHC Insurance Company, Inc.

93 Worcester Street
Wellesley, MA 02481-9181

Attn: Sales Department
(800) 848-9995

Product Name:	Form #:	Product Type:	
The PPO Plan – Massachusetts	MAG1PPOHBREV; MAG1PPOREVSQB; PPOad0701	Medical	12/02
Best Buy HSA PPO PPO 1500 (GJ, GM) PPO 2000 (GK, GN) & PPO 3000 (GL, GO)	310	Medical	12/04
HPHC Qualifying Student Health Insurance Program PPO Plan	HPHC 06-BR-MA-PPO	Medical	06/07
Best Buy HSA PPO	310	Medical	12/04
Hospital Prefer SM Best Buy PPO	1456 (Grp)/1459 (Ind) & SOB1455	Medical	07/12

23. HM Life Insurance Company

120 Fifth Avenue, Fifth Avenue Place
Pittsburgh, PA 15222

Attn: Sales Department
1-800-278-6673

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

24. Humana Insurance Company¹²

1100 Employers Blvd
De Pere, WI 54115

Attn: Sales Department
1-920-336-1110

Product Name:	Form #:	Product Type:	
Dental Plan Certificate ¹²	MA-70146-HD 1/09 et al.	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

¹² The application for approval of the dental plan (Form# MA-70146-HD 1/09 et al) was originally filed by HumanaDental Insurance Company (“HumanDental”). 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.

25. The Lincoln National Life Insurance Company8801 Indian Hills Drive
Omaha, NE 68114Attn: Customer Experience
1-800-423-2765

Product Name:	Form #:	Product Type:	
Group Dental Insurance	GL11/GL12 Series	Dental	10/08

26. Massachusetts Vision Service Plan, Inc.Vision Service Plan
8 Faneuil Hall Marketplace, Suite 300
Boston, MA 02109Attn: Group Sales
(617)-973-5044

Product Name:	Form #:	Product Type:	
Group Vision Care Plan	REG EOC-7/00	Vision	08/00

27. Metropolitan Life Insurance Company ^{13, 14}P.O. Box 981282
El Paso, TX 79998-1282Attn: 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 ¹⁴	Dental	01/17

28. Mid-West National Life Insurance Company of Tennessee ¹⁵9151 Grapevine Highway
North Richland Hills, TX 76180Attn: Kathy Melish
(508) 668-1951

Product Name:	Form #:	Product Type:	
Vision Insurance Certificate	MW-25213-MA (3/06)	Vision	11/01
Vision One Plus Program ¹⁵	25213-P	Vision	12/92

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****29. Minuteman Health, Inc.** ^{16, 17}

711 Atlantic Avenue
 Boston, MA 02210

Sales (855) 265-3333

Product Name:	Form #:	Product Type:	
MyDoc PPO Select ¹⁶	MHI-PPOSelect-EOC CLEAN-8112015	Medical	01/14
MyDoc PPO National ¹⁷	MHI-NatPPO-EOC CLEAN-8112015	Medical	11/14

Options:

MyDoc PPO National Silver HSA 1500 w/Child Dental
 MyDoc PPO National Bronze 2050 w/Child Dental
 MyDoc PPO National Bronze Basic HSA w/Child Dental
 MyDoc PPO National Bronze HSA 3350 w/Child Dental

30. MONY Life Insurance Company of America

2999 North 44th Street, Suite 250
 Phoenix, Arizona 85018

(800) 777-6510]

Product Name:	Form #:	Product Type:	
Group Dental Insurance	MOEBC15	Dental	12/16

31. 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
Consolidated Health Plans, Inc. Network Options:	NBHCert-280(2014) PPO MA	Medical	08/14
w/ First Health Group Corp. ("First Health") w/MultiPlan, Inc. ("MPI")w/ Cigna PPO			

¹⁶ On November 21, 2016 Minuteman Health, Inc. notified the Division that it intends to discontinue and nonrenew its "MyDoc PPO Select product (Form# MHI-PPOSelect-EOC CLEAN-8112015)" from both the small and large group markets in Massachusetts.

¹⁷ The MyDoc PPO National Plan is comprised of two networks for in-network level of care; providers who contract directly with Minuteman Health, Inc. ("MHI") for services received INSIDE the MHI service area (Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk and Worcester) and providers who contract with the First Health Network when services are received OUTSIDE of the MHI service area. Please call MHI directly if you have any questions about whether your primary care provider, specialist or acute care facility is included as an in-plan provider in the MyDoc PPO National plan.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****32. National Union Fire Insurance Company of Pittsburgh, Pa. ¹⁸**

99 High Street
31st Floor
Boston, MA 02110

Attn: Sales and Marketing
(617) 457-2856

Product Name:	Form #:	Product Type:	
Group Vision PPO Plan	C22439DBG-MA	Vision	08/06
Group Vision PPO Plan	C22439DBG-MA (EyeMed)	Vision	07/07

33. Nationwide Life Insurance Company ¹⁹

c/o Consolidated Health Plans
195 Stafford Street
Springfield, Massachusetts 01104-3503

Ms. Deborah K. Saremi
(800) MED-STOP x127

Product Name:	Form #:	Product Type:	
Student Accident and Sickness Insurance Program ¹⁹	NW PHCS 101 10/26/04	Medical	05/03
Student Accident and Sickness Insurance Program	NW CERT 101 5/19/03	Medical	06/03
Student Accident and Sickness Insurance Program	NW CIGNA 101	Medical	05/12

34. Neighborhood Health Plan, Inc.

253 Summer Street
Boston, MA 02210-1120

Group Sales (617) 772-5663
Individual Sales (800) 462-5449

Product Name:	Form #:	Product Type:	
NHP Prime PPO	NHPPPOv3	Medical	06/14

¹⁸ On April 30, 2014, National Union Fire Insurance Company of Pittsburgh, Pa. notified the Division that it intends to exit the group vision insurance market on a nationwide basis as of the end of 2014.

¹⁹ Members enrolled have access to PHCS Preferred Provider Network, except in the Western Massachusetts Counties of Hampden, Hampshire, Berkshire and Franklin where members have access to the Consolidated Health Plans network.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****35. Principal Life Insurance Company^{20, 21, 22, 23}**

Principal Financial Group
201 Jones Road, Second Floor
Waltham, MA 02451

Attn: George Katz, Jr.
(781) 893-1845

Product Name:	Form #:	Product Type:	
Dental PPO (Classic & Premier) ²⁰	GC 700 (PPO)-1 GH 100 A (DPPO) et al.	Dental	08/98
Group Voluntary Dental Expense Insurance PPO Plan ²¹	GC 2000 (PPO) – 1 et al	Dental	12/01
Insurance PPO Plan ²²	GC 7000	Dental	12/03
Group Dental Expense Ins. Ind/PPO	GC 7100	Dental	03/08
Group Dental Expense ²³	GC 7200	Dental	04/15
Group Vision Expense	GC 9000	Vision	05/14

36. Reliance Standard Life Insurance Company

2501 Parkway
Philadelphia, PA 19130-2499

Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:	Form #:	Product Type:	
Group Dental [and Eye Care]	9021 ed. 04-13	Dental	06/95
Group Eye Care Insurance	9021 Ed. 01-05	Vision	01/07

37. Renaissance Life and Health Insurance Company of America^{24, 25}

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) ²⁵	INVD-100A-2016-MA ²⁴ INVD-100A-Delta	Dental	10/08
Renaissance Massachusetts Group Dental Certificate In-network Benefit Dentist Rider	D-2102A-2014-MA D-202A-2014-MA & Summary of Dental Plan Benefits D-201A-2014-MA	Dental	01/15

²⁰ Principal Life Insurance Company notified the Division that the Dental PPO (Classic & Premier) and Group Voluntary Dental Expense Insurance PPO Plan are no longer offered to new business.

²¹ On December 3, 2014 Principal Life Insurance Company requested that the Group Voluntary Dental Expense Insurance PPO Plan Form# GC 2000 (PPO) – 1 et al.) be withdrawn from its book of business.

²² Principal Life Insurance Company notified the Division in March 2016 that the Insurance PPO Plan (“Form# GC 7000”) is no longer offered to new business.

²³ Principal Life Insurance Company notified the Division in May 2017 that the Group Dental Expense (Form# GC7200) is no longer offered to new business.

²⁴ Policy Form INVD-100A-2016-MA replaces the originally approved form INVD 100A.

²⁵ Plan intended to be offered solely on a group conversion basis.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****38. Standard Insurance Company**

900 SW Fifth Avenue
Portland, Oregon 97204-1235

Attn: Ms. Nancy Vanicek
Contract Analyst
(800) 745-6665 x7899

Product Name:	Form #:	Product Type:	
Group Dental & Eye Care	9021 ed. 04-13	Dental	08/03

39. Starmount Insurance Company

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

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

Product Name:	Form #:	Product Type:	
Group Vision Care Insurance	VI-2007CT-MA	Vision	08/17

40. Sun Life Assurance Company of Canada ^{26, 27}

One Sun Life Executive Park
Wellesley Hills, MA 02481

Attn: Client Services
(800) 247-6875

Product Name:	Form #:	Product Type:	
Dental PPO w/United Concordia	GC-A-1 et al.	Dental	04/11

41. Tufts Associated Health Maintenance Organization, Inc.

(d/b/a Tufts Health Plan)

705 Mount Auburn Street
Watertown, MA 02472-1508

Attn: Member Services
(800) 462-0224

Product Name:	Form #:	Product Type:	
Point of Service Option	CC-MAPOS-001 Ed. 1-2012	Medical	12/86
Preferred Provider Option	MA-PPO-001 Ed. 1-2012	Medical	01/97

42. Tufts Insurance Company ^{28, 29}

705 Mount Auburn Street
Watertown, MA 02472-1508

Attn: Member Services
(800) 843-1008
CareLink Inquires – (866) 352-9114

Product Name:	Form #:	Product Type:	
CareLink	MA-TICOPPO-002 Ed. 1-2012	Medical	10/07
Advantage PPO ²⁸	MA-TICOPPO-001 Ed.1-2012	Medical	01/03
Student Health PPO ²⁹	MA-TICOPPO-003	Medical	01/14
Sports Accident PPO ²⁹	MA-TICPPPO-SPACC-001	Accident Only	01/15

²⁶ 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.

²⁷ Sun Life Assurance Company of Canada (“SLOC”) notified the Division on August 24, 2016 that it had purchased Assurant's Employee Benefits Group (“AEB”) on March 1, 2016. The transaction was effected primarily via reinsurance agreements with Union Security Insurance Company (“USIC”). SLOC now reinsures and administers USIC’s vision business and will continue until the coverage terminates or groups purchase coverage with another carrier.

²⁸ Form approved on October 8, 2003 and replaces originally approved form # MA-TICOPPO-001 Ed.4-2003.

²⁹ Tufts Insurance Company notified the Division on March 2, 2017 that it has discontinued marketing its student health and sports accident products; all existing business will not be renewed upon group anniversary.

CARRIER NAME AND ADDRESS**DATE FIRST
MARKETED****43. Unicare Life & Health Insurance Company**³⁰

233 S. Wacker Drive
Suite 3700
Chicago, IL 60606

Attn: Customer Service
(800) 627-0004

Product Name:	Form #:	Product Type:	
Unicare Classic PPO ³⁰	GCR100 et al.	Medical	01/97
Wellpoint Dental PPO	CGR 130	Dental	01/97

44. 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 inquiries)
(800) 345-5705 Boston Group Sales Office

Product Name:	Form #:	Product Type:	
Group Dental Certificate	CG-90 et al.		
Option 1 Dental PPO w/DHA	DENTAL 94 et al.	Dental	10/98
Option 2 Dental PPO w/DHA	DENTAL HB MA et al.	Dental	04/05
Option 3 Dental PPO w/DHA	DENTAL HB-V MA et al.	Dental	04/05
Option 4 Dental PPO w/DHA	DENTAL HB-V MA et al.	Dental	04/05
Group Vision Certificate w/VSP	GC-10 Vis CFP et al.	Vision	01/12

45. United Concordia Insurance Company³¹

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 ³¹	MA9804-B (06/17)	Dental	06/04
Preferred Schedule of Benefits	MA 9808 0316		
Flex Schedule of Benefits	MA 9806 0316		

³⁰ UniCare Life & Health Insurance Company notified the Division that it discontinued and non-renewed its medical business. At this time the carrier does not intend to marketing the plan, however, should they begin to market again they will notify the Division accordingly.

³¹ 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

46. UnitedHealthcare Insurance Company^{32, 33, 34, 35, 36, 37}

950 Winter Street
Waltham, MA 02451

Attn: Sale Department
(888)735-5842

Product Name:	Form #:	Product Type:	
Choice Plus		Medical	11/01
Small Group	COC17.CER.I.11.SG.MA & SBN17.CHP.I.11.SG.MA		
Large Group ³²	COC17.CER.I.11.LG.MA & SBN17.CHP.I.11.LG.MA		
Options PPO ³³	COC17.CER.I.11.LG.MA & SBN17.OPT.I.11.LG.MA		
Non-Differential ³⁴	COC17.CER.I.11.LG.MA & SBN17.NDF.I.11.LG.MA		
Dental Certificate of Coverage ³⁵	DCOC.CER.06 AZ [Rev. 1/06] et al	Dental	07/00
Blanket Student PPO Injury & Sickness Benefits Group Policy ³⁶	COL-17-MA CERT & COL-17-MA SOB PPO	Medical	07/07
Transplant Benefit Certificate ³⁷	UCC-CERT-MA (02/04)	Medical (Transplant Only)	08/07
Group Vision Care	VCOC.INT.06	Vision	05/08

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

³² Choice Plus forms COC17.CER.I.11.LG.MA & SBN17.CHP.I.11.LG.MA replace the following previously approved forms COC.ACA15.CER.I.11.MA.KA, COC.AMD16.I.11.MA.KA & SBN.16.CHP.I.11.MA.KA.

³³ UnitedHealthcare Insurance Company confirmed that it markets the product to only Large Group (100+) size employer groups. Options PPO forms COC17.CER.I.11.LG.MA & SBN17.OPT.I.11.LG.MA replace the following previously approved forms COC.ACA15.CER.I.11.MA.KA COC.AMD16.I.11.MA.KA & SBN.16.OPT.I.11.MA.KA.

³⁴ Options PPO Non-Differential forms COC17.CER.I.11.LG.MA & SBN17.NDF.I.11.LG.MA replace the following previously approved forms COC.AMD16.I.11.MA.KA SBN16.NDF.I.11.MA.KA.

³⁵ Form# DCOC.CER.06 AZ [Rev. 1/06] et al. replaces the originally approved Form# DCE.

³⁶ Form# COL-17-MA CERT replaces Form# 12-BR-MA-PPO which had replaced the originally approved Form# COL-06-MA.

³⁷ UnitedHealthcare Insurance Company confirmed that it markets this product to only self-funded employer groups.