Bulletin 2016-010
April 13, 2016

TO: ALL HEALTH CARE ISSUERS OFFERING INDIVIDUAL AND GROUP LIMITED BENEFIT AND SPECIFIED DISEASE PLANS (EXCEPTED BENEFIT PLANS) – EXCLUDING DISABILITY PLANS


THE FOLLOWING AMENDED BULLETIN is issued pursuant to Insurance Bulletin Rules, 13 NMAC 1.2.1 to 1.2.10. This Bulletin repeals and replaces the NM Office of Superintendent of Insurance (NM OSI) Insurance Bulletins No. 2014-003 and No. 2015-15.

The purpose of this Amended Bulletin is to notify all involved parties of the mandatory disclosure required by the New Mexico Office of Superintendent of Insurance.

By failing to obtain health insurance meeting the criteria of "minimum essential coverage", as required by the ACA, an individual may be subject to federal tax penalties under the ACA and the Internal Revenue Code.

To provide a general awareness to the individual that limited benefit and specified disease plans (excepted benefit plans) do not qualify as Minimum Essential Coverage as required under the Patient Protection and Affordable Care Act of 2010 (ACA), NM OSI requires that all issuers of such plans notify insured individuals that the coverage under these specific plan types does not qualify with the following disclosure:

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.
This notice must be provided in at least 10 point bolded font on all policies issued or renewed after the issue date of this bulletin, on both:

- the application, and
- the cover page of the policy/certificate.

If you have additional questions regarding this Bulletin, please contact the Life and Health Rate & Form Filing Bureau at 1-505-827-4561.

**ISSUED** at Santa Fe, New Mexico on April 13th, 2016.

[Signature]

JOHN G. FRANCHINI  
Superintendent of Insurance