TO: ALL INSURERS ISSUING GROUP HEALTH INSURANCE COVERAGE THAT OFFERS EXCEPTED BENEFITS TO OUT-OF-STATE GROUPS COVERING RESIDENTS IN THE STATE OF NEW MEXICO, EXCEPT ISSUERS OFFERING GROUP HEALTH INSURANCE COVERAGE SUBJECT TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA)

RE: GROUP EXCEPTED BENEFIT HEALTH POLICY ANNUAL CERTIFICATION AND INFORMATIONAL POLICY FILING


The purpose of this Bulletin is to ensure that group health insurance coverage that offers excepted benefits issued to groups that are located out of state provides coverage to New Mexico residents that satisfies at least the minimum standards for New Mexico residents who are covered by such policies. This Bulletin repeals and replaces Bulletin 2018-018.
Informational Policy Filing

Each insurer subject to this Bulletin shall submit to the Superintendent, on an annual basis, a listing of the form numbers of all forms issued by group health insurance plans that offer excepted benefits that are issued to out-of-state groups and are known or reasonably expected to cover residents of this state. Such listing must be submitted to the Superintendent by December 31 of each year and shall include all new or amended group health insurance forms issued within the calendar year then ending. An insurer shall not issue any form known or reasonably expected to provide coverage to residents of this state unless the form number is submitted to the Superintendent in accordance with this Bulletin.

The requirements of this Bulletin apply only to group health insurance, as defined in NMSA 1978, § 59A-23-3, that offers excepted benefits as defined in NMSA 1978, § 59A-23E-2(L) and further specified below. The requirements of this Bulletin do not apply to life insurance, or to group health insurance that is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

The term “excepted benefits,” as used in this Bulletin, refers to those benefits listed in NMSA 1978, § 59A-23E-2(L), only in sub-subsections (1) (see below), (8), (9a), (9c), (10a), and (10b).

With regard to sub-subsection (1) of NMSA 1978, § 59A-23E-2(L), the term “excepted benefits,” as used in this Bulletin, does not refer to disability income insurance.

The requirement to submit group health insurance form numbers pursuant to this Bulletin is for informational purposes only, and is not intended to be for approval by the Superintendent.

The term “group health insurance form,” as used in this Bulletin, means the certificates of coverage, group master policy, riders, and endorsements, and that term includes any certificate or certificates of coverage that are known or reasonably expected to cover residents of this state. The term “group health insurance form” does not include forms as described in NMSA 1978, § 59A-18-12-(A)(1).
Informational filings submitted pursuant to this Bulletin shall be submitted electronically via SERFF or as otherwise instructed by the Superintendent. Informational filings shall be made in accordance with this Bulletin even if OSI has previously approved a filing.

**Filing Certification**

Each insurer subject to this Bulletin shall submit to the Superintendent a *Certification of Coverage as Delivered to New Mexico Residents* with each group form number required to be filed pursuant to this Bulletin. Such certification shall be attested to by an officer of the insurer; shall confirm that coverage is administered to at least comply with applicable New Mexico minimum standards; and shall confirm that the insurer understands that the Superintendent can, at the Superintendent’s discretion, initiate market conduct action pursuant to Section 59A-4-4 NMSA 1978 for non-compliance with applicable New Mexico minimum standards.

**Consumer Notice**

A consumer notice shall be filed in SERFF and delivered with each certificate of coverage or intended to be issued to a resident of this state under a group health insurance plan that offers excepted benefits subject to this Bulletin. The informational filing shall contain the following notice to consumers, in readily legible 12-point boldface type:

**Consumer Complaint Notice**

If you are a resident of New Mexico, your coverage will be administered in accordance with the minimum applicable standards of New Mexico law. If you have concerns regarding a claim, premium, or other matters relating to this coverage, you may file a complaint with the New Mexico Office of Superintendent of Insurance (OSI) using the complaint form available on the OSI website and found at: [https://www.osi.state.nm.us/ConsumerAssistance/index.aspx](https://www.osi.state.nm.us/ConsumerAssistance/index.aspx).
Effective Date

The effective date for this Bulletin is May 1, 2019.

Please direct questions regarding this bulletin to Viara Ianakieva, Staff Manager, via email at viara.ianakieva@state.nm.us or by phone at 505-827-4651.

DONE and ORDERED this 1st day of May, 2019.

John G. Franchini
Superintendent of Insurance