

## Annual Election When the Assessment Does Not Apply

MGARA is required to assess insurers and TPAs to fund a portion of the cost of its reinsurance.

**“Insurer”** means an entity that is authorized to write medical insurance or that provides medical insurance in this State. For the purposes of this chapter, “insurer” includes an insurance company, a nonprofit hospital and medical service organization, a fraternal benefit society, a health maintenance organization, a self-insured employer subject to state regulation as described in section 2848-A, a 3<sup>rd</sup> party administrator (TPA), a multiple-employer welfare arrangement, a reinsurer that reinsures health insurance in this State, a captive insurance company established pursuant to Chapter 83 that insures the health coverage risks of its members, the Dirigo Health Program established in Chapter 87 or any other state-sponsored health benefit program whether fully insured or self-funded. An “Insurer” means any entity that either (i) is authorized to write medical insurance in ME, or (ii) provides medical insurance in ME. If the plan covers ME residents, then it is “providing medical insurance in this State”. The assessment is based on the members in this State that are covered. A carrier licensed to write in ME that has no ME members is subject to the assessment, but the assessment is \$0. A carrier that has even one member is providing insurance in ME and is subject to assessment on that 1 member.

**“TPA”** means any entity this is paying or processing medical insurance claims for a ME resident. Again, if a TPA is doing this for even 1 ME resident, then it is subject to assessment on that 1 ME resident.

**“Medical Insurance”** means a hospital and medical expense-incurred policy, nonprofit hospital and medical service plan, health maintenance organization subscriber contract or other health care plan or arrangement that pays for a furnishes medical or health care services whether by insurance or otherwise, whether sold as individual or group policy. “Medical Insurance” does NOT include accidental injury, specified disease, hospital indemnity, dental, vision, disability income, Medical supplement, long-term care or other limited benefit health insurance or credit insurance; coverage issued as a supplement to liability insurance; insurance arising out of workers’ compensation or similar law; automobile medical payment insurance; or insurance under which benefits are payable with or without regard to fault and this is statutorily required to be contained in any liability insurance policy or equivalent self-insurance. “Medicare” means coverage under both Parts A and B of Title XVIII of the federal Social Security Act, 42 United States Code, Section 1395 et seq., as amended. “Health maintenance organization” means an organization authorized under chapter 56 to operate a health maintenance organization in the State.

We do not meet the definition of “Insurer”.

Comments: \_\_\_\_\_

We do not meet the definition of “TPA”.

Comments: \_\_\_\_\_

We do not meet the definition of “Medical Insurance”.

Comments: \_\_\_\_\_

**Officer’s Certification:** I, the undersigned officer of the insurer shown below, hereby certify that the information provided herein was prepared under my supervision and that it is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Printed Name and Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Officer’s Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
FEIN

Please email this form to [dianekopecky@river9.net](mailto:dianekopecky@river9.net) when completed.