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Bulletin 2007-01

TO: Insurers Offering Insured Health Products in Massachusetts, Blue Cross and Blue Shield of Massachusetts and Health Maintenance Organizations

FROM: Joseph G. Murphy, Acting Commissioner of Insurance

DATE: January 18, 2007

RE: Amendments Created by Chapters 58 of the Acts of 2006, as amended, Related to Eligibility as a Dependent in an Insured Health Plan

The purpose of this bulletin is to clarify the new dependent coverage requirements implemented under the Health Care Reform Act.

Effective January 1, 2007, the Health Care Reform Act (Chapter 58 of the Acts of 2006, as amended) requires that carriers with insured health benefit plans that provide for dependent coverage make coverage available for persons through the earlier of their 26th birthday or the day two (2) years following the loss of their dependent status according to federal tax rules.

This requirement applies to all insured health plans offered by commercial insurance companies, Blue Cross and Blue Shield of Massachusetts (BCBSMA), and Health Maintenance Organizations, except for stand-alone dental products and Medicare Supplement plans. Insured health plans that provide or arrange for the delivery of health care services through a defined network of providers would be permitted, however, to restrict coverage to those persons, including dependents, who maintain residence within the plan service area.

