



**Individual Hospital/Surgical/Medical Expense and Comprehensive  
Health (H15 and H16) Missouri Department of Commerce and  
Insurance Insurance Market Regulation Division  
Life & Healthcare Section**

**COMPANY NAME:** \_\_\_\_\_

Lead Form # as it appears in SERFF: \_\_\_\_\_

**H15I:** An individual insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.

**H16I:** An individual hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered. This TOI uses a network of participating providers.

**All filings and payments must be through SERFF. A filing fee of \$150 applies to each filing, pursuant to 374.230 RSMo.**

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at: [NAIC.org](http://NAIC.org)

**To expedite filings and ensure an efficient use of resources, the L&H Section offers the following tips:**

1. Please complete this form by listing the location of the provision in the forms. Please attach to the Supporting Documentation tab.
2. Please ensure the Form Type under the Form Schedule tab matches the attached form. For example, if the Form Type is an application, make sure the attached form is an application.
3. The Form Number:
  - A. Cannot be reused, except when original filing rejected or withdrawn.
  - B. Provided under the Form Schedule tab must match the form number that is provided on the lower left hand corner of the first page.
4. Provide an explanation of variability for all bracketed alpha and numeric text.
5. If filing a rider, endorsement or application, please provide the SERFF tracking number or copy of TD1 and approved policy forms.
6. If the company wishes to mark a form confidential, please provide an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400.
7. If providing a red line version, please attach to the Supporting Documentation tab; the forms for approval should be in final format.
8. Rate filings must be separate filings: Please see <https://insurance.mo.gov/industry/filings/healthrates/>
9. In general, Filing Submissions shall, pursuant to 20 CSR 100-9.100:
  - A. Under General Information Tab in SERFF: Provide a brief, detailed description of benefits, the purpose of the filing and the intended market. Disclose if the form is new or a replacement. If amendment/rider, please provide the SERFF tracking number of the corresponding policy.
  - B. Life must be filed separately from Health. Group separately from Individual.
  - C. The form number shall be in the lower left corner of the face page.

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#	Citation	Policy Approval Criteria	Form and Page Number
1	<a href="#">375.995 RSMo</a>	Sex or marital status discrimination as to benefits or coverage prohibited	
2	<a href="#">376.385 RSMo</a>	Diabetes—OFFER: insurance coverage for equipment, supplies and self-management training	
3	<a href="#">376.386 RSMo</a>	Prescription drugs, one co-payment for dosage prescribed	
4	<a href="#">376.391 RSMo</a>	Co-payments for chiropractic services, cap	
5	<a href="#">376.397 RSMo</a>	Converted policy to be offered on termination of group health coverage, when -- exceptions -- terms and conditions	
6	<a href="#">376.401 RSMo</a>	Conversion rights--retirees--dependents of insured	
7	<a href="#">376.406 RSMo</a>	If dependents covered: Newborn child to be covered under health policies, extent of coverage—notification of birth, when, effect of – definitions	
8	<a href="#">376.407 RSMo</a>	Advance practice nurse, claims for service to be reimbursed, when	
9	<a href="#">376.776 RSMo</a>	Hospital and medical expense provisions extended for certain handicapped and dependent children past normal coverage age	
10	<a href="#">376.777 RSMo</a>	<p>1. Required Policy Provisions:</p> <p>(1): Entire Contract; Changes: policy, endorsements and the attached papers, if any. No change valid when; agent cannot modify contract</p> <p>(2): Time Limit On Certain Defenses: 2 years from date of issue</p> <p>(3): Grace Period: coverage remains in force: 31 days</p> <p>(4): Reinstatement: subsequent acceptance reinstates policy; if application required reinstate upon approval or 45 days from date of receipt.</p> <p>(5): Notice of Claim: 20 days</p> <p>(6): Claim Forms: insurer shall furnish</p> <p>(7): Proofs of Loss: 90 days; failure to furnish shall not invalidate nor reduce when;</p> <p>(8): Time Payment of Claims; at least monthly</p> <p>(9): Payment of Claims; to beneficiary, if applicable</p> <p>(10): Physical Examinations and Autopsy: during pendency of claim</p> <p>(11): Legal Actions: prior to 60 days after when written proof and no after 3 years written proof of loss required to be provided</p> <p>(12): Change of Beneficiary</p> <p>2. Other provisions, if included should appear the same as in statute:</p> <p>(1): Change of Occupation: modification of premiums based on job change and risk</p> <p>(2): Misstatement of Age: shall be as the premium would have paid at correct age</p>	

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		(3): Other Insurance with This Insurer (6): Relations of Earnings to Insurance (7): Unpaid Premium (8): Cancellation (9): Conformity with State Statutes (10): Illegal Occupation (11): Intoxicants and Narcotics 7. Approval of Policies (5): Plan may offer an EPO: requires all health care services to be delivered by participating provider in network, except emergency care and services described in subsection 4 of <a href="#">376.811 RSMo.</a>	
11	<a href="#">376.429 RSMo</a>	Coverage for certain clinical trials for prevention, early detection and treatment of cancer, restrictions -- definitions -- exclusions	
12	<a href="#">376.778 RSMo</a>	Public hospitals - Payment direct to public hospitals or clinics with or without assignment, when--provisions required in contracts	
13	<a href="#">376.779 RSMo</a>	Alcoholism:	
14	<a href="#">376.781 RSMo</a>	Speech & hearing – OFFER Speech and hearing disorders, companies to offer coverage, when--rules, procedure	
15	<a href="#">376.782 RSMo</a>	Mammography--low-dose screening, defined--health care policies to provide required coverage	
16	<a href="#">376.801 RSMo</a>	Coverage for child health supervision services required -- definitions -- permitted limitations on benefits	
17	<a href="#">376.805 RSMo</a>	Elective abortions	
18	<a href="#">376.806 RSMo</a>	Refund of health insurance premium on notice of death of insured—refunded to whom—definitions—exception—failure to notify within one year	
19	<a href="#">376.807 RSMo</a>	Policies not to reduce or deny benefit to persons eligible for medical assistance--deemed primary contract	
20	<a href="#">376.810 RSMo</a>	Chemical Dependency	
21	<a href="#">376.811 RSMo</a>	Coverage required for chemical dependency by all insurance and health service corporations--minimum standards--offer of coverage may be accepted or rejected by policyholders, companies may offer as standard coverage--mental health benefits provided, when—exclusions	
22	<a href="#">376.816 RSMo</a>	If cover dependents: Adopted children to be provided health care coverage on the same basis as other dependents—effective from date of birth or on placement—placement defined	
23	<a href="#">376.820 RSMo</a>	Child coverage: Discrimination prohibited	
24	<a href="#">376.894 RSMo</a>	Amount of premium, date of payment – termination of right or continuation of coverage, grounds	
25	<a href="#">376.1199 RSMo</a>	Coverage for certain obstetrical / gynecological services:	

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		<ul style="list-style-type: none"> <li>• Provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services.</li> <li>• Coverage for services related to diagnosis, treatment and appropriate management of osteoporosis</li> <li>• If the health benefit plan also provides coverage for pharmaceutical benefits, provide coverage for contraceptives either at no charge or at the same level of deductible, coinsurance or co-payment as any other covered drug.</li> <li>• Notice on the enrollment form related elective abortions, if applicable.</li> </ul>	
26	<a href="#">376.1200 RSMo</a>	Certain policies to offer coverage for treatment of breast cancer -- limitation on deductible, lifetime maximum benefit -- administration of benefits -- application, effect	
27	<a href="#">376.1209 RSMo</a>	Mastectomy, reconstructive surgery after - Mastectomy-- mandatory insurance coverage for prosthetic devices and reconstructive surgery--no time limit to be imposed	
28	<a href="#">376.1210 RSMo</a>	Maternity benefits, minimum hospital stays, exceptions--notice of benefits, contents--attending physician defined--rulemaking	
29	<a href="#">376.1215 RSMo</a>	Immunizations, mandated coverage, exceptions, rulemaking	
30	<a href="#">376.1218 RSMo</a>	Insurance coverage for children enrolled in the Part C early intervention system (First Steps)	
31	<a href="#">376.1219 RSMo</a>	PKU testing and formula - PKU formula and low protein modified food products covered by insurance, when— exceptions	
32	<a href="#">376.1220 RSMo</a>	If cover Dependents: Insurance coverage for newborn hearing screenings mandated	
33	<a href="#">376.1224 RSMo</a>	If cover Dependents: Autism	
34	<a href="#">376.1225 RSMo</a>	If cover Dependents: Hospital dental procedure - Mandated coverage for general anesthesia and hospital charges for dental care, when--prior authorization required, when-- exceptions	
35	<a href="#">376.1230 RSMo</a>	Chiropractic care coverage, rates, terms, conditions, limits, and exclusions	
36	<a href="#">376.1232 RSMo</a>	Prosthetics - Insurers to offer coverage for prosthetics	
37	<a href="#">376.1235 RSMo</a>	Physical therapy – Cost share	
38	<a href="#">376.1237 RSMo</a>	Early refill for prescription eye drops	
39	<a href="#">376.1250 RSMo</a>	Cancer screening, health insurance coverage required, when, types	
40	<a href="#">376.1253 RSMo</a>	Second opinion, right of newly diagnosed cancer patients, attending physician to inform -- insurance coverage for such second opinions required, when	
41	<a href="#">376.1257 RSMo</a>	Coverage for anticancer medications under health benefit plan	
42	<a href="#">376.1275 RSMo</a>	Coverage for human leukocyte antigen testing for bone marrow transplantation required, when--exceptions	

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43	<a href="#">376.1290 RSMo</a>	Coverage for lead testing	
44	<a href="#">376.1350 RSMo</a>	Definitions: Emergency Medical Condition and Emergency Service	
45	<a href="#">376.1361 RSMo</a>	If a managed care product: Utilization Program and Right to Appeal	
46	<a href="#">376.1363 RSMo</a>	If a managed care product: Utilization review decisions, procedures	
47	<a href="#">376.1365 RSMo</a>	If a managed care product: Reconsideration of an adverse determination, when	
48	<a href="#">376.1367 RSMo</a>	Emergency services benefit determination, coverage required, when	
49	<a href="#">376.1372 RSMo</a>	If a managed care product: Utilization review, procedures - Certification and member handbook to include utilization review procedures	
50	<a href="#">376.1378 RSMo</a>	If a managed care product: Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when.	
51	<a href="#">376.1382 RSMo</a>	If a managed care product: Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures	
52	<a href="#">376.1385 RSMo</a>	If a managed care product: Grievance Second-level review procedures	
53	<a href="#">376.1389 RSMo</a>	If a managed care product: Expedited Review - Expedited grievance review procedure.	
54	<a href="#">376.1550 RSMo</a>	Mental health coverage, requirements—definitions--exclusions	
55	<a href="#">376.1900 RSMo</a>	Telehealth - Definitions--reimbursement for telehealth services, when	
56	<a href="#">20 CSR 400-2.020</a>	Hospital indemnity contracts not affected by government hospital	
57	<a href="#">20 CSR 400-2.060 (2)</a>	Definitions in Policy Submittals (A): Definition of alcoholism treatment facility (B): Definition of hospital (C): Definition of intensive care unit	
58	<a href="#">20 CSR 400-2.060 (3)</a>	Elements of Coverage Required (A): Insureds in the military: if benefits are not provided for those in military; pro-rata refund of unearned premium. Optional provision to reinstate at discharge. (B): Benefits reduced: If benefits are reduced due to age, policy must clearly disclose in print and location. (C): Agent's Authority: company may disclaim agent's authority to alter contract or gran insurability –prohibition on certain language. (D): Policies that reimburse for hospital charges may not reduce benefits for hospital charges incurred due to stay at a VA or other government hospital	

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		(E): Deductible shall be applied to allowable expenses prior to the applicable coinsurance (F): Policy or certificate shall not include any language which requires that accidental bodily injury be effective solely through external, violent and accident means. (G): Alcoholism coverage; if plan provides for hospital treatment.	
59	<a href="#">20 CSR 400-2.060 (4)</a>	Essential Conditions to be contained (A): if certificate or coverage booklet is to be delivered to a member of group, must file for review and approval. (B): requirements on variable language (C): Definition of Total Disability (D): Definition of Residual Disability (E): Timing of notice of acceptance of application or give the prospective insured reason for delay. (F): Self-inflicted injuries resulting from attempted suicide while sane. (G): Exclusion of injuries or illness due to course of employment.	
60	<a href="#">20 CSR 400-2.140</a>	Speech and hearing disorders	
<b>Prohibited Provisions</b>			
1	<a href="#">376.405 RSMo</a>	Ambiguous, misleading provisions: cannot be uncertain, ambiguous or not reasonably adequate for protection of insured	
2	<a href="#">435.350 RSMo</a>	Arbitration prohibited	
3	<a href="#">20 CSR 400-2.030</a>	Coordination of Benefits: for Group Only	
4	<a href="#">376.791 RSMo</a>	Subrogation and Right of Recovery; Sections (4) and (5) of 376.777 shall not apply to individual policies  Missouri case law prohibits reimbursement or subrogation of medical expense payments (see Travelers Indem Co. v. Chumbley, 394 S.W.2d 418 (Mo.App. 1965); Jones v. Aetna Casualty & Sur. Co., 497 S.W.2d 809, 813 (Mo.App.W.D. 1973); Waye v.	

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