Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Healthcare Section

Company Name: _____

Lead Form # as it appears in SERFF: _____

This form will be used in the following markets (please indicate all that apply):

Large Group ☐ **Small Group ☐** **Individual ☐**

If the filing is used in a group or group type market, please indicate all that apply:			
Employer/(Single)Employer Trust; 376.421.1(1)	☐	Association; 376.421.1(5)	☐
Creditor; 376.421.1(2)	☐	Assoc. Sm. & Large Empl. 376.421.1(5)(e)	☐
Labor Union; 376.421.1(3)	☐	Credit Union; 376.421.1(6)	☐
Trust (MET, etc); 376.421(4)	☐	Discretionary; 376.421.2	☐

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Description of Provisions for Health Maintenance Organization coverage

Type of Insurance (TOI) codes HOrg02G, HOrg02I and HOrg03

Subject	Citation	Summary	Location in Filing: Section &/or Page number required
Filing Submissions			
Filing Description or Cover Letter	20 CSR 400-8.200(3)(C)	Brief, detailed description of benefits, purpose, and intended market. Disclose if form is new or a replacement. If amendment/rider, the policy it will go with.	
Filing Submissions	See Filing Guidelines 20 CSR 400-8.200	Procedures for filing all policy forms	
Form Number	20 CSR 400-8.200	Each form must have a form number assigned by the submitting HMO in the lower left corner of the face page or first page.	
Policy Forms			
Company contact information	20 CSR 400-7.030(1)	Name, address, telephone number on face page	
Disclosure of services	20 CSR 400-7.030 (2)	Description of services, Co-payment, other charges	
Cancellation	20 CSR 400-7.030 (3)	Group and individual HMO plans must comply with HIPAA requirements for guaranteed renewability, and with notice requirements for termination. See 376.450 et. al.	
Claims	20 CSR 400-7.030 (4)	Claim filing procedures	

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Effective date	20 CSR 400-7.030 (6)	Effective date requirements	
Eligibility	20 CSR 400-7.030 (7)	Eligibility requirements, dependents, limiting age	
Out of area	20 CSR 400-7.030 (9)	Description of out of area benefits.	
Entire contract	20 CSR 400-7.030 (10)	Entire contract provision- any change must be approved by an officer of the HMO	
Exclusions	20 CSR 400-7.030 (11)	Exclusions and limitations	
Contestability	20 CSR 400-7.030 (12)	2 year incontestability	
Rates	20 CSR 400-7.030 (13)	Prior notification of rate changes	
Service area	20 CSR 400-7.030 (14)	Service area description	
Termination of dependent	20 CSR 400-7.030 (15)	Termination due to limiting age, effects of Medicare eligibility – NOTE – see also 354.536 regarding extended dependent coverage.	
Extended coverage for a dependent	20 CSR 400-7.030 (15)(B)	Coverage for Handicap child past limiting age NOTE – see also 354.536 regarding extended dependent coverage.	
Information to enrollee	20 CSR 400-7.030 (16)	Where to obtain services	
Notice to enrollee	20 CSR 400-7.030 (17)	Notice required if choice of providers is restricted	
HMO Co-Pays	20 CSR 400-7.100	HMO Co-payments must not exceed 50% of the cost of any single service	

Group Policy Forms

C.O.B. – definition of plan type	20 CSR 400-2.030(2)(F)	The definition of "plan" must state the types of coverage considered in applying COB.	
C.O.B. – appendix	20 CSR 400-2.030(3)(B)	Appendix provided, certain changes permitted.	YES or NO
C.O.B. – designation	20 CSR 400-2.030(3)(C)2	Plans may not designate themselves as always secondary	
C.O.B. – subrogation	20 CSR 400-2.030(6)(D)3	Subrogation will not be allowed in any plan as distinguished from the rights to recovery.	
EOC for each enrollee	20 CSR 400-7.040 (2)	Evidence of coverage delivered to each enrollee. Conflict between the EOC and the contract for coverage to be resolved in favor of the enrollee.	
New employees	20 CSR 400-7.040 (3)	How to add new employees	
Grace period	20 CSR 400-7.040 (4)	Grace period (31 days)	

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Individual Policy Forms

Reinstatement	20 CSR 400-7.050 (2)	Reinstatement requirements	
Right to examine	20 CSR 400-7.050 (3)	10 day right to examine agreement	
Premium Disclosure	20 CSR 400-7.050 (4)	Original premium must be stated	
Grace period	20 CSR 400-7.050 (5)	10-day grace period	

All Policy Forms

Definitions	354.400	Definition of emergency and other standards.	
Specialty Providers	354.442.1(14)	Listing by specialty of all participating providers updated at least annually	
Cancel / non-renew	354.462	Cancellation or non-renewal only for failure to pay charges, fraudulent misuse of system, abusive conduct, failure to establish proper patient-physician relationship	
Dependent coverage	354.536	Coverage provided for dependents who are no more than 25 years old	
Second Opinions	354.546 376.1253	Second Opinions, Any Condition Second Opinions, New Cancer Patients	
Disclosure	354.603.1(4)	Clear statement that, not withstanding legitimate and medically based referral patterns, neither the HMO nor the participating providers shall act in a manner that unreasonably restricts an enrollee's access to the entire network, unless the HMO has a written agreement with the holder of the **benefits** contract to a reduced network, and has requested an exception for a reduced network per 20 CSR 400-7.095 and filed an access plan for the reduced network prior to selling a new product, per 354.603.2.	
Hold Harmless	354.606.2	The enrollee may not be billed by the provider for anything other than co-payments	
Insolvency	354.606.3	Services continue in the event of a carrier's insolvency or cessation of operations	
Termination of Contract	354.606.4	Provisions shall…favor enrollee, survive termination of the contract, supersede other agreements	
Continuation of care	354.612	Up to 90 day continuation of care when provider terminated, continued care at no greater cost	
Referrals	354.615.1	Referral to non-participating specialist, if none in network	
Referrals	354.615.2	Standing referral to specialist for ongoing care	
Referrals	354.615.3	Referral to specialist for providing and coordinating services when life-threatening condition or degenerative disease or condition	

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Referrals	354.615.4	Same as 354.615.3 for specialty care centers	
Open Referral	354.618	Offering of an open referral health plan when applicable	
Disclosure	375.924	Company address and telephone number	
Complications of pregnancy	375.995	Complications of pregnancy must be covered like any other covered illness;	
"Right of Recovery" (Maximum time to offset paid claims)	376.383 - 376.384	Rules for acknowledgement and prompt payment of claims, civil recourse available	
Diabetes	376.385	Diabetes equipment, supplies, etc - MANDATED OFFER	
Drug Co-pay	376.386	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	376.392	Carriers are required to notify enrollees 30 days prior to cancellation of a specific Rx.	
Conversion - group	376.395-404	Conversion upon termination of eligibility - group	
Newborn coverage	376.406	Moment of birth to 31 days. **Plus an additional 10 days.**	
Continuation of coverage	376.428	Following COBRA	
Clinical Trials	376.429	Shall provide coverage for routine patient care costs incurred from phase II, III or IV clinical trials	
Extension of Benefits - group	376.438	Provision for extension of benefits in the event of total disability at the date of any termination	
HIPAA requirements	376.450	Limits on pre-ex; requirements for special enrollment;	
Eligibility rules	376.451	Standards for eligibility and prohibiting discrimination	
Guaranteed renewability	376.452	Group policies guaranteed renewable; termination allowed only under specified conditions	
Mammography	376.782	Coverage requirements, cost sharing requirements	
Coverage for adopted children	376.816	Provision identifying the effective dates of coverage for adoptive children	
Child Coverage: Discrimination Prohibited	376.820	Prohibited discrimination of child enrollment	
Spousal continuation - group	376.891-894	Continuation for terminated member - group	
Direct access OB/GYN	376.1199	Direct access OB/GYN, Osteoporosis, Contraceptives	
Breast Cancer/ Chemotherapy	376.1200	OFFER – Treatments for breast cancer: Chemotherapy/Bone Marrow Transplants/Stem Cell	
Reconstructive surgery following mastectomy	376.1209	Coverage for reconstructive surgery & prosthetic devices following mastectomy. No time limits allowed.	
Minimum maternity benefits	376.1210	48/96 hr inpatient, post discharge, etc.	

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Childhood immunizations	376.1215	Childhood immunizations with no co-payment	
First Steps	376.1218	CONTINGENT on the company's choice to pay the assessment or cover benefits, company chooses annually – coverage for children enrolled in the Part C early intervention system.	
PKU testing and formula	376.1219	Coverage for the treatment of phenylketonuria	
Newborn Hearing Screening	376.1220	Coverage for Newborn hearing screening, necessary re-screening, follow-up	
Coverage for hospital dental procedure	376.1225	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	376.1230	Shall provide chiropractic care, as defined in chapter 331, as part of basic health care services for covered conditions. No limits to the number of chiropractic service visits. Though, carriers may require that an authorization be obtained for any visit after the first 26 per policy period.	
Prosthetics	376.1232	OFFER – coverage of prosthetic devices and services, cost sharing requirements	
Cancer Screenings	376.1250	Pelvic exam, prostate exam, colorectal exam, comparable cost sharing	
Antigen Testing	376.1275	Antigen testing – comparable cost sharing, but benefit may be limited to $75	
Testing for lead poisoning	376.1290	OFFER – comparable cost sharing	

Mental Health / Chemical Dependency

Alcoholism	376.779	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under 376.811 are not automatically included or are rejected and the benefits outlined under 376.827 are not provided	
Definitions	376.810	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	376.811	OFFER	
Applied Behavioral Analysis (ABA)	376.1224	$40K+ coverage of ABA therapy, adjusted triennially for inflation – Must be OFFERED to EACH individual in individually underwritten coverage.	
Mental Health Mandate and Parity	376.1550	Coverage of all items in the DSM except drug/alchohol, on a parity basis, for all groups. Must be OFFERED for individual coverage. NOTE: Federal mental health parity also applies to large groups	

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Grievance Procedures & Utilization Review

Definitions UR	376.1350	Definitions UR and grievance	
Toll free #	376.1361.7	Timely access to review staff by a toll-free number	
Appeal for Drugs and DME	376.1361.10	Right to appeal for coverage of drugs & durable medical equip.	
Authorizations may not be retracted	376.1361.13	Authorization for services may not be reduced or retracted.	
UR Determinations	376.1363	Notification requirements for UR determinations	
Determination for emergency services	376.1367	UR or benefit determination for emergencies	
Utilization Review procedures in EOC	376.1372	UR procedures in EOC	
Grievance procedures in EOC	376.1378	Includes statement that enrollee can contact MDI at anytime	
Grievance procedures	376.1382	Guidelines for 1st level grievance procedure identified	
Grievance: second level review	376.1385	Guidelines for 2nd level grievance	
Expedited review	376.1389	Procedure for an expedited review	

SMALL GROUP
Provisions applicable to small group only:

Eligible Employee	379.930.2(15)	Requirements for those eligible for coverage	
Late enrollee	379.930.2(23)	Provision for a late enrollee	
Definition of Small Employer	379.930.2(34)	Not less than 2 to 50 employees.	
• Pre-existing condition exclusions • Qualifying previous coverage • Waiting periods	379.940.2(1)	See also 376.450 & 376.451	
Participation Levels	379.940.2(2)	100% for groups 3 or less 75% for groups with more than 3 employees	

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Prohibited provisions

Ambiguous, misleading provisions	354.430	Policy provisions may not be deceptive or misleading or encourage misrepresentation.
Arbitration	435.350	Arbitration is not allowed in contracts of insurance
Subrogation & Third party recovery	20CSR 400-2.030	"Subrogation will not be allowed in any plan as distinguished from the rights to recovery"
Red-lined copies	20 CSR 400-8.200	Any redline copies are not approvable and must be placed on the SERFF "supporting documentation" area.
Rider a Rider	20 CSR 400-8.200(2)(B)2	Companies may not "rider a rider", endorse and endorsement or amend an amendment.
"Sole Discretion"	354.430.3(1)	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted
Variable text, bracketing	354.405	There is no provision permitting variable text or bracketing in an HMO policy form filing.
Provisions which prevent coverage of basic healthcare services	354.410	HMOs must provide coverage of basic healthcare services, and may not impose conditions or exclusions which would prevent such coverage, such as benefit limits, waiting periods, exclusions related to crimes, suicide or war, etc.

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