



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

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

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

<b>This form will be used in the following markets (please indicate all that apply):</b>	
Large Group <input type="checkbox"/>	Small Group <input type="checkbox"/>

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

**This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. Please refer to the statues and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statues and Regulations always prevails over this checklist.**

<b>Description of Provisions for Group Hospital/Surgical/Medical Expense or Major Medical</b> Type of Insurance (TOI) codes H15G and H16G			
Subject	Citation	Summary	Location in Filing:  Section &/or Page number required

**Filing Submissions**

Filing Description or Cover Letter	<a href="#">20 CSR 400-8.200(3)(C)</a>	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	<a href="#">See Filing Guidelines 20 CSR 400-8.200</a>	Procedures for filing all policy forms	
Separate Submissions	<a href="#">20 CSR 400-8.200(3)(D)&amp;(E)</a>	Life filed separate from health & group from individual.	

**Policy Forms**

Free Look	<a href="#">20 CSR 400-2.010(2)(A)</a>	Only where member pays most or all of the premium: 10 day free look period	
Refund of Premium	<a href="#">20 CSR 400-2.010(2)(B)</a>	Only where member pays most or all of the premium: refund of premium voids the policy from inception	
C.O.B.	<a href="#">20 CSR 400-2.030</a>	Coordination of benefits – group only	
C.O.B. – definition of plan type	<a href="#">20 CSR 400-2.030(2)(F)</a>	The definition of “plan” must state the types of coverage considered in applying COB.	



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C.O.B. – appendix	<a href="#">20 CSR 400-2.030(3)(B)</a>	Appendix provided, certain changes permitted.	
C.O.B. – designation	<a href="#">20 CSR 400-2.030(3)(C)2</a>	Plans may not designate themselves as always secondary	
C.O.B. – subrogation	<a href="#">20 CSR 400-2.030(6)(D)3</a>	Subrogation will not be allowed in any plan as distinguished from the rights to recovery.	
Definitions	<a href="#">20 CSR 400-2.060(2)</a>	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Insured in the Military	<a href="#">20 CSR 400-2.060(3)(A)</a>	If benefits are not provided for those who joined the military; pro-rata unearned refund; optional provision to re-instate at discharge	
Government hospital	<a href="#">20 CSR 400-2.060(3)(D)</a>	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	<a href="#">20 CSR 400-2.060(3)(E)</a>	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited language	<a href="#">20 CSR 400-2.060(3)(F)</a>	Prohibits “accidental means” tests. Review Reg. for additional prohibited exclusions	
Alcoholism	<a href="#">20 CSR 400-2.060(3)(G)</a>	Coverage for treatment of alcoholism – large groups refer to federal parity requirements	
Certificate - group	<a href="#">20 CSR 400-2.060(4)(A)</a>	Certificate of Coverage to be delivered must be submitted for approval with master policy	
Variables	<a href="#">See Filing Guidelines</a>	See Filing Guidelines	
Total Disability defined	<a href="#">20 CSR 400-2.060(4)(C)</a>	Minimum standard for definition of Total Disability	
Residual Disability	<a href="#">20 CSR 400-2.060(4)(D)</a>	Shall be defined in relation to the insured’s reduction in earnings	
Suicide exclusion	<a href="#">20 CSR 400-2.060(4)(F)</a>	May not exclude coverage for attempted suicide while insane	
Excluded occupational injuries	<a href="#">20 CSR 400-2.060(4)(G)</a>	May exclude injuries arising in the course of employment	
Ambulatory Surgical Centers (ASCs)	<a href="#">20 CSR 400-2.060(6)</a>	Services performed at a licensed ASC must be covered if such services are covered at inpatient hospitals and within the scope of the ASC’s license; reimbursement to the ASC need not be the same as to the hospital	
Actual Payment	<a href="#">20 CSR 400-2.065</a>	Insurers shall use the actual payment to providers as the basis for calculating cost participation amounts when such amounts are stated in the policy as a percentage.	
Conversion Privilege, group only	<a href="#">20 CSR 400-2.070</a>	Conversion privilege must be offered as part of the policy	
HIV mandate	<a href="#">20 CSR 400-2.110</a>	All forms shall cover HIV infection, including AIDS and ARC, as they would any other serious medical condition.	
Requirements for group health filings in-state and out-of-state	<a href="#">20 CSR 400-2.130(2)(C)&amp;(3)</a>	Affidavit requirements for all groups	
Required definitions for speech and hearing disorders	<a href="#">20 CSR 400-2.140</a> <a href="#">See also 376.781</a>	OFFER – definitions and terms of coverage	
Disclosure	<a href="#">375.924</a>	Company address and telephone number	



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Complications of pregnancy	<a href="#">375.995</a>	Complications of pregnancy must be covered like any other covered illness;	
“Right of Recovery” (Maximum time to offset paid claims)	<a href="#">376.384.1(3)</a>	Health carriers shall not request a refund or offset against a claim more than twelve months after a health carrier has paid a claim.	
Chiropractic copayments	<a href="#">376.391</a>	Copays limited to 50%. See also <a href="#">Bulletin 09-01</a> .	
Grace period	<a href="#">376.426(1)</a>	Grace period provision (31 days)	
Incontestability	<a href="#">376.426(2)</a>	Validity of the policy shall not be contested after it has been in force for 2 years from date of issue	
Evidence of individual insurability	<a href="#">376.426(4)</a>	Unless HIPAA protections apply, the conditions, if any, for which the insurer reserves the right to require evidence of insurability. See also <a href="#">376.450</a>	
Preexisting conditions	<a href="#">376.426(5)</a>	Unless HIPAA protections apply, exclusions or limitations due to pre-existing conditions. See also <a href="#">376.450</a>	
Misstatement of age	<a href="#">376.426(6)</a>	Amount of coverage to equal amount premium would have purchased at actual age at issue	
Certificate required	<a href="#">376.426(7)</a>	Insurer shall deliver certificates of coverage	
Notice of claim	<a href="#">376.426(8)</a>	Time frame to submit notice of claim	
Claim forms	<a href="#">376.426(9)</a>	Insurer shall furnish forms for proof of loss within 15 days of request. Insured should be deemed to comply with requirements if company failures to furnish claim forms.	
Proof of loss due to disability	<a href="#">376.426(10)</a>	Time limit for filing proof of loss	
Time benefits are payable	<a href="#">376.426(11)</a>	Benefits payable within certain time frames (see also <a href="#">376.383</a> and <a href="#">376.384</a> for time to pay claims) and/or not less frequently than monthly	
To whom benefits are payable	<a href="#">376.426(12)</a>	Benefits payable to beneficiary, estate, or minor.	
Exam/Autopsy	<a href="#">376.426(13)</a>	Examination and autopsy at company expense	
Legal action	<a href="#">376.426(14)</a>	No action at law prior to 60 days; within 3yrs	
Termination of policy	<a href="#">376.426(15)</a>	Provision: conditions for which the policy may be terminated. HIPAA guaranteed renewability provisions also apply.	
Limiting age - handicapped children	<a href="#">376.426(16)</a>	Dependents with disabilities will not be terminated if they attain limiting age and insured provides proof of incapacity	
Dependent coverage	<a href="#">376.426(17)</a>	Coverage offered for eligible dependents who are no more than 25 years old	
Diabetes	<a href="#">376.385</a>	OFFER – coverage of equipment, supplies and training for treatment of diabetes	
Drug Co-pay	<a href="#">376.386</a>	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	<a href="#">376.392</a>	30 days notice required before deleting a formulary drug – enrollee may request written notice	



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Conversion – group	<a href="#">376.395-404</a>	Conversion upon termination of eligibility – group – Notice of conversion rights shall be in the policy	
Newborn coverage	<a href="#">376.406</a>	Moment of birth to 31 days. Plus an additional 10 days.	
Student accident policies may not limit surgical benefits	<a href="#">376.425</a>	Student accident policies may not limit surgical procedures to 1 procedure if multiple procedures are done in one session.	
Continuation of coverage	<a href="#">376.428</a>	Continuation for terminated member – group – Same as federal COBRA requirements	
Clinical Trials	<a href="#">376.429</a>	Shall provide coverage for routine patient care costs incurred from phase II, III or IV clinical trials	
Claims incurred during the grace period	<a href="#">376.434</a>	If policy automatically terminates for non-payment of premiums, carrier shall be liable for claims incurred during the grace period	
Extension of Benefits – group	<a href="#">376.438</a>	Provision for extension of benefits in the event of total disability at the date of any termination	
Prior Carrier/Succeeding carrier	<a href="#">376.441</a> <a href="#">Bulletin 01-01</a>	Coverage rights when changing plans	
Public Hospitals	<a href="#">376.778</a>	Payment to public hospitals	
Speech & Hearing	<a href="#">376.781</a>	OFFER – coverage speech and hearing impairments, cost-sharing comparable to other benefits	
Mammography	<a href="#">376.782</a>	Coverage requirements, cost sharing requirements	
Child Health Supervision	<a href="#">376.801</a>	OFFER – required services, cost-sharing requirements	
Elective abortions	<a href="#">376.805</a>	Only as Optional Rider	
Coverage for adopted children	<a href="#">376.816</a>	Provision identifying the effective dates of coverage for adoptive children, and coverage of pre-existing conditions	
Medicaid eligibility	<a href="#">376.818</a>	Insurer may not take Medicaid eligibility or coverage into account when enrolling an individual or paying claims for the individual.	
Child Coverage: Discrimination Prohibited	<a href="#">376.820</a>	Carriers may not deny coverage of a child because of marital status of parents, residence or income tax dependency claim.	
Effect of incarceration	<a href="#">376.821</a>	Insurer may not cancel a policy solely because a person is incarcerated.	
Spousal continuation – group	<a href="#">376.891-894</a>	Continued coverage after COBRA expires	
Direct access OB/GYN	<a href="#">376.1199</a>	Direct access OB/GYN, Osteoporosis, Contraceptives	
Breast Cancer/ Chemotherapy	<a href="#">376.1200</a>	OFFER – Treatments for breast cancer: Chemotherapy/Bone Marrow Transplants/Stem Cell	
Reconstructive surgery following mastectomy	<a href="#">376.1209</a>	Coverage for reconstructive surgery & prosthetic devices following mastectomy. No time limits allowed.	



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Minimum maternity benefits	<a href="#">376.1210</a>	CONTINGENT ON COVERAGE OF MATERNITY - 48/96 hr inpatient, post discharge services, notice required	
Childhood immunizations	<a href="#">376.1215</a>	Childhood immunizations with no deductible or co-payment	
First Steps	<a href="#">376.1218</a>	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	<a href="#">376.1219</a>	Coverage for formula and low protein food for PKU	
Newborn Hearing Screening	<a href="#">376.1220</a>	Coverage for Newborn hearing screening, necessary re-screening, follow-up, initial amplification	
Coverage for hospital dental procedure	<a href="#">376.1225</a>	Coverage for general anesthesia, hospital charges for dental care	
Coverage for Chiropractic Care	<a href="#">376.1230</a>	Chiropractic care, no limits to the number of chiropractic service visits, but may require prior authorization after 26 visits	
Prosthetics	<a href="#">376.1232</a>	OFFER – coverage of prosthetic devices and services, cost sharing requirements	
Cancer Screenings	<a href="#">376.1250</a>	Pelvic exam, prostate exam, colorectal exam, comparable cost sharing	
Cancer Diagnosis- 2 <sup>nd</sup> Opinion	<a href="#">376.1253</a>	Patient has the right to a referral for a second opinion.	
Antigen Testing	<a href="#">376.1275</a>	Antigen testing – comparable cost sharing, but benefit may be limited to \$75	
Testing for lead poisoning	<a href="#">376.1290</a>	OFFER – comparable cost sharing	
HIPAA requirements	<a href="#">376.450</a>	Limits on pre-ex; requirements for special enrollment;	
Eligibility rules	<a href="#">376.451</a>	Standards for eligibility and prohibiting discrimination	
Guaranteed renewability	<a href="#">376.452</a>	Group policies guaranteed renewable; termination allowed only under specified conditions	

**Mental Health / Chemical Dependency**

Out-of-network visits	<a href="#">20 CSR 400-2.160</a>	At least 2 out of network visits must be covered. For large groups, federal parity requirements also apply: out-of-network mental/chemical must equal out-of-network medical	
Alcoholism	<a href="#">376.779</a>	Coverage for treatment of alcoholism; Large groups must comply with federal parity requirements	
Definitions	<a href="#">376.810</a>	Definitions: chemical dependency & mental illness; mental illness coverage in group plans must comply with <a href="#">376.1550</a>	
Chemical dependency	<a href="#">376.811</a>	OFFER – limited applicability to chemical dependency only; mental illness coverage in group plans must comply with <a href="#">376.1550</a>	



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Applied Behavioral Analysis (ABA)	<a href="#">376.1224</a>	\$40K+ coverage of ABA therapy, adjusted triennially for inflation	
Mental Health Mandate and Parity	<a href="#">376.1550</a>	Coverage of all items in the DSM except drug/alcohol, on a parity basis, for all groups. Must be OFFERED for individual coverage. NOTE: Federal mental health parity also applies to large groups	

**Grievance Procedures & Utilization Review**

Definitions	<a href="#">376.1350</a>	Definitions for utilization review and grievances	
Toll free #	<a href="#">376.1361.7</a>	Timely access to review staff by a toll-free number	
Appeal for Drugs and DME	<a href="#">376.1361.10</a>	Right to appeal for coverage of drugs & durable medical equip.	
Authorizations may not be retracted	<a href="#">376.1361.13</a>	Authorization for services may not be reduced or retracted.	
UR Determinations	<a href="#">376.1363</a>	Notification requirements for UR determinations and time frames	
Determination for emergency services	<a href="#">376.1367</a>	No pre-auth for ER, prudent layperson std, post ER admit determinations	
Utilization Review procedures in EOC	<a href="#">376.1372</a>	UR procedures in EOC	
Grievance procedures in EOC	<a href="#">376.1378</a>	Includes statement that enrollee can contact DIFP at anytime; grievance procedure not a bar to law suits	
Grievance procedures	<a href="#">376.1382</a>	Guidelines for 1 <sup>st</sup> level grievance procedure identified;	
Grievance: second level review	<a href="#">376.1385</a>	Guidelines for 2 <sup>nd</sup> level grievance	
Expedited review	<a href="#">376.1389</a>	Procedure for an expedited review	

**Provisions applicable to small group only:**

Eligible Employee	<a href="#">379.930.2(15)</a>	Requirements for those who are eligible for coverage	
Late enrollee	<a href="#">379.930.2(23)</a>	Provision for a late enrollee	
Definition of Small Employer	<a href="#">379.930.2(34)</a>	2 to 50 employees.	
<ul style="list-style-type: none"> <li>• Pre-existing condition exclusions</li> <li>• Qualifying previous coverage</li> <li>• Waiting periods</li> </ul>	<a href="#">379.940.2(1)</a>	See also <a href="#">376.450</a> & <a href="#">376.451</a> RSMo	
Participation Levels	<a href="#">379.940.2(2)</a>	100% for groups 3 or less 75% for groups with more than 3 employees	



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**Network Differentials**

Actuarial Demonstration  Differentials between in-network and non-network	<a href="#">375.936(11)(b)</a>	Please provide the maximum difference in reimbursement levels between preferred and non-preferred providers. This information should include the maximum difference in deductibles, coinsurance and/or co-payments and lifetime maximum and may be given to our actuary for determination of compliance with 375.936(11)(b). If this information is identical to information provided in a previously approved filing, please provide the lead form number of that filing, the approval date, and the SERFF tracking number if you have it, as well as a certification that the information is identical to that of the previously approved filing.	
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**Prohibited provisions**

Ambiguous, misleading provisions	<a href="#">376.405</a>	Policy provisions that are uncertain, ambiguous or not reasonably adequate for the protection of those insured will not be approved.
Arbitration	<a href="#">435.350</a>	Arbitration is not allowed in contracts of insurance.
Force Majeure & Acts beyond the company control	<a href="#">376.405</a>	Deemed as not reasonably adequate for the protection of the insured – not permitted.
Red-lined copies	<a href="#">20 CSR 400-8.200</a>	Any redline copies are not approvable and must be placed on the SERFF “supporting documentation” area.
Rider a Rider	<a href="#">20 CSR 400-8.200(2)(B)2</a>	Companies may not “rider a rider”, endorse and endorsement or amend an amendment.
“Sole Discretion”	<a href="#">376.405</a>	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted
Variable Language	<a href="#">20 CSR 400-2.060(4)(B)</a>	Please see Filing Guidelines posted at <a href="http://insurance.mo.gov/industry/filings/lh/index.htm">http://insurance.mo.gov/industry/filings/lh/index.htm</a>
Variable Language - Blank pages	<a href="#">376.405</a>	Brackets around an entire page constitute a “blank” or generic form – not permitted
Waiting Period	<a href="#">376.405</a>	Waiting period during which no benefits are payable – not permitted

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