Reset Form

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

Company Name: _____

Lead Form # as it appears in SERFF: _____

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Description of Provisions for Individual Major Medical Type of Insurance (TOI) codes H15I and H16I

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	
Separate Submissions	20 CSR 400-8.200(3)(D)&(E)	Life filed separate from health & group filed separately from individual	
Policy Forms			
Free Look	20 CSR 400-2.010(2)(A)	10 day free look period for all individual policy forms	
Refund of Premium	20 CSR 400-2.010(2)(B)	Refund of premium voids the policy from inception	
Definitions	20 CSR 400-2.060(2)	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
Insured in the Military	20 CSR 400-2.060(3)(A)	If benefits are not provided for those who joined the military; pro-rata unearned refund, optional provision to re-instate at discharge	
Benefits reduced	20 CSR 400-2.060(3)(B)	If benefits are reduced due to age, policy must disclose in conspicuous print and location	
Government hospital	20 CSR 400-2.060(3)(D)	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	20 CSR 400-2.060(3)(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited language	20 CSR 400-2.060(3)(F)	Prohibits “accidental means” tests. Review Reg. for additional prohibited exclusions	

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Alcoholism	20 CSR 400-2.060(3)(G)	Coverage for hospital or treatment facility for alcoholism treatment may be limited to 30 days.	
Variables	See Filing Guidelines	**Variable text not permitted on individual policy forms**	
Total Disability defined	20 CSR 400-2.060(4)(C)	Minimum standard for definition of Total Disability	
Residual Disability	20 CSR 400-2.060(4)(D)	Shall be defined in relation to the insured's reduction in earnings	
Suicide exclusion	20 CSR 400-2.060(4)(F)	May not exclude coverage for attempted suicide while insane	
Excluded occupational injuries	20 CSR 400-2.060(4)(G)	May exclude injuries arising in the course of employment, but not for duties performed occasionally	
Ambulatory Surgical Centers (ASCs)	20 CSR 400-2.060(6)	Services performed at a licensed ASC must be covered the same as hospital inpatient covered services; certain limitations allowed	
Variable deductible, individual only	20 CSR 400-2.060(7)	Required provisions if the policy uses a variable deductible	
Actual Payment	20 CSR 400-2.065	Insurers shall use the actual payment to providers as the basis for calculating cost participation amounts.	
HIV mandate	20 CSR 400-2.110	All forms shall cover HIV infection, including AIDS and ARC, as they would any other serious medical condition.	
Required definitions for speech and hearing disorders	20 CSR 400-2.140 See also 376.781	OFFER – definitions and terms of coverage	
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)	376.384.1(3)	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	376.391	Copays limited to 50%. See also Bulletin 09-01.	
Diabetes	376.385	OFFER – coverage of equipment, supplies and training for treatment of diabetes	
Drug Co-pay	376.386	1 co-pay for multi dosage, where applicable	
Drug Cancellation Notification	376.392	30 days notice required before changing formulary – enrollee may request written notice	
Newborn coverage	376.406	Moment of birth to 31 days. Plus an additional 10 days.	
Student accident policies may not limit surgical benefits	376.425	Student accident policies may not limit surgical procedures to 1 procedure if multiple procedures are done in one session.	
Clinical Trials	376.429	Shall provide coverage for routine patient care costs incurred from phase III or IV clinical trials – see subsection 11 for offer of coverage of phase II clinical trials	

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HIPAA requirements	376.450	Definitions only	
Guaranteed Renewable	376.454	Individual health policies are guaranteed renewable under HIPAA.	
Limiting age - handicapped children	376.776.2	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Dependent coverage	376.776.3	Coverage provided for dependents who are no more than 25 years old	
Entire contract; changes	376.777.1(1)	Policy, endorsements, attached application(s) constitute the entire contract. "no change shall be valid until approved by an officer and attached"	
Time limit on certain defenses	376.777.1(2)	Incontestability	
Grace period	376.777.1(3)	Grace period provision: 31 days for monthly premiums. Not less than 7 days for weekly	
Reinstatement	376.777.1(4)	Provision indicating the reinstatement of the policy	
Notice of claim	376.777.1(5)	Written notice of claim given to insurer within 20 days after occurrence	
Claim forms	376.777.1(6)	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.	
Proofs of loss	376.777.1(7)	With in 90 days of the date of loss. Shall not be reduced	
Time of payment of claims	376.777.1(8)	Provision indicating the immediate payment of claim upon receipt of written proof of loss	
Payment of claims	376.777.1(9)	Provision indicating benefits payable in accordance with beneficiary designation	
Physical examinations & autopsy	376.777.1(10)	Examination and autopsy at company expense	
Legal action (1984)	376.777.1(11)	No action at law prior to 60 days; within 3yrs	
Change of Occupation	376.777.2(1)	If insured changes occupation to one that is classified by insurer as more (or less) hazardous	
Misstatement of Age	376.777.2(2)	If insurers age is misstated, amounts payable shall be as the premium would have purchased at the correct age	
Other Insurance in this Insurer	376.777.2(3)	Accident and sickness policy previously issued by the insurer	
Insurance with Other Insurers	376.777.2(4)	Other valid coverage providing benefits for the same loss. "Expense Incurred Benefits". *"In applying the foregoing policy provision no third party liability coverage shall be included as "other valid coverage".*	
Insurance with Other Insurers	376.777.2(5)	Other valid coverage providing benefits for the same loss. "Other Benefits"	
Relation of Earnings to Insurance	376.777.2(6)	Provision indicating the insurers liability in proportion to amount of earnings	

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Unpaid Premium	376.777.2(7)	Any premium due and unpaid may be deducted from the payment of a claim	
Cancellation	376.777.2(8)	Written notice, delivered to insured's address, NOTE: time frames must be consistent with HIPAA.	
Conformity with State Statutes	376.777.2(9)	Any provision which is in conflict with statutes of the state which insured resides, policy is amended to conform	
Illegal Occupation	376.777.2(10)	Insurer shall not be liable for loss for which contributing cause was an attempt to commit a felony or engage in an illegal occupation	
Intoxicants and Narcotics	376.777.2(11)	Insurer shall not be liable for loss sustained by insured being intoxicated or under the influence of any narcotic unless administered on the advice of a physician.	
Public Hospitals	376.778	Payment to public hospitals	
Speech & Hearing	376.781	OFFER – coverage speech and hearing impairments, cost-sharing comparable to other benefits	
Mammography	376.782	Coverage requirements, cost sharing requirements	
Elective abortions	376.805	Only as Optional Rider	
Coverage for adopted children	376.816	Provision identifying the effective dates of coverage for adoptive children, and coverage of pre-existing conditions	
Medicaid eligibility	376.818	Insurer may not take Medicaid eligibility or coverage into account when enrolling an individual, or paying claims for the individual.	
Child Coverage: Discrimination Prohibited	376.820	Carriers may not deny coverage of a child because of marital status of parents, residence or income tax dependency claim.	
Effect of incarceration	376.821	Insurer may not cancel a policy solely because a person is incarcerated.	
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	CONTINGENT ON COVERAGE OF MATERNITY - 48/96 hr inpatient, post discharge services, notice required	
Childhood immunizations	376.1215	Childhood immunizations with no deductible or co-payment	
PKU testing and formula	376.1219	Coverage for formula and low protein food for PKU	
Newborn Hearing Screening	376.1220	Coverage for Newborn hearing screening, necessary re-screening, follow-up, initial amplification	

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Coverage for hospital dental procedure	376.1225	Coverage for general anesthesia, hospital charges for dental care	
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	
Cancer Diagnosis- 2nd Opinion	376.1253	Patient has the right to a referral for a second opinion.	
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

Out-of-network mental health services	20 CSR 400-2.160	OFFER - at least two sessions per year for the diagnosis or assessment of mental health; may not limit the choice of provider; may seek services outside the network.	
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 – chemical dependency & mental illness coverage	
Mental Health & Chemical Dependency	376.825-840	FLOOR – if offer of coverage under 376.811 is rejected, but other coverage (beyond 376.779) is contained in the policy	

Grievance Procedures & Utilization Review

Definitions	376.1350	Definitions for utilization review and grievances	
Toll free #	376.1361.7	Timely access to review staff by a toll-free number	
Right to appeal	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 and time frames	
Determination for emergency services	376.1367	No pre-auth for ER, prudent layperson std, post ER admit determinations	
Utilization Review procedures in EOC	376.1372	UR procedures in EOC	
Grievance procedures in EOC	376.1378	Includes statement that enrollee can contact DIFP at anytime; grievance procedure not a bar to law suits	
Grievance procedures	376.1382	Guidelines for 1st level grievance procedure identified	
Grievance: second level review	376.1385	Guidelines for 2nd level grievance	

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Expedited review	376.1389	Procedure for an expedited review	

Network Differentials

Actuarial Demonstration Differentials between in-network and non-network	375.936(11)(b)	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.	

Prohibited provisions

Ambiguous, misleading provisions	376.777	Policy provisions that are uncertain, ambiguous or not reasonably adequate for the protection of those insured will not be approved.
Arbitration	435.350	Arbitration is not allowed in contracts of insurance.
Force Majeure & Acts beyond the company control	376.777	Deemed as not reasonably adequate for the protection of the insured – not permitted.
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"	376.777	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted
Variable Language	See Filing Guidelines	Please see Filing Guidelines posted at http://insurance.mo.gov/industry/filings/lh/index.htm
Variable Language - Blank pages	376.777	Brackets around an entire page constitute a "blank" or generic form – not permitted
Waiting Period	376.777	Waiting period during which no benefits are payable – not permitted

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