



**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 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 statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.**

<b>Description of Provisions for Individual Major Medical Type of Insurance (TOI) codes H15I and H16I</b>			
<b>Subject</b>	<b>Citation</b>	<b>Summary</b>	<b>Location in Filing:  Section &amp;/or Page number required</b>

**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</a> <a href="#">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 filed separately from individual	

**Policy Forms**

Free Look	<a href="#">20 CSR 400-2.010(2)(A)</a>	10 day free look period for all individual policy forms	
Refund of Premium	<a href="#">20 CSR 400-2.010(2)(B)</a>	Refund of premium voids the policy from inception	
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	
Benefits reduced	<a href="#">20 CSR 400-2.060(3)(B)</a>	If benefits are reduced due to age, policy must disclose in conspicuous print and location	
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	



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Alcoholism	<a href="#">20 CSR 400-2.060(3)(G)</a>	Coverage for hospital or treatment facility for alcoholism treatment may be limited to 30 days.	
Variables	<a href="#">Variable Text Memo</a>	<b>Variable text not permitted on individual policy forms</b>	
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, but not for duties performed occasionally	
Ambulatory Surgical Centers (ASCs)	<a href="#">20 CSR 400-2.060(6)</a>	Services performed at a licensed ASC must be covered the same as hospital inpatient covered services; certain limitations allowed	
Variable deductible, individual only	<a href="#">20 CSR 400-2.060(7)</a>	Required provisions if the policy uses a variable deductible	
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.	
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.	
Required definitions for speech and hearing disorders	<a href="#">20 CSR 400-2.140</a> See also <a href="#">376.781</a>	OFFER – definitions and terms of coverage	
Disclosure	<a href="#">375.924</a>	Company address and telephone number	
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> .	
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 changing formulary – enrollee may request written notice	
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.	
Clinical Trials	<a href="#">376.429</a>	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	<a href="#">376.450</a>	Definitions only	
Guaranteed Renewable	<a href="#">376.454</a>	Individual health policies are guaranteed renewable under HIPAA.	
Limiting age - handicapped children	<a href="#">376.776.2</a>	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Dependent coverage	<a href="#">376.776.3</a>	Coverage provided for dependents who are no more than 25 years old	
Entire contract; changes	<a href="#">376.777.1(1)</a>	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	<a href="#">376.777.1(2)</a>	Incontestability	
Grace period	<a href="#">376.777.1(3)</a>	Grace period provision: 31 days for monthly premiums. Not less than 7 days for weekly	
Reinstatement	<a href="#">376.777.1(4)</a>	Provision indicating the reinstatement of the policy	
Notice of claim	<a href="#">376.777.1(5)</a>	Written notice of claim given to insurer within 20 days after occurrence	
Claim forms	<a href="#">376.777.1(6)</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.	
Proofs of loss	<a href="#">376.777.1(7)</a>	Within 90 days of the date of loss. Shall not be reduced	
Time of payment of claims	<a href="#">376.777.1(8)</a>	Provision indicating the immediate payment of claim upon receipt of written proof of loss	
Payment of claims	<a href="#">376.777.1(9)</a>	Provision indicating benefits payable in accordance with beneficiary designation	
Physical examinations & autopsy	<a href="#">376.777.1(10)</a>	Examination and autopsy at company expense	
Legal action (1984)	<a href="#">376.777.1(11)</a>	No action at law prior to 60 days; within 3yrs	
Change of Occupation	<a href="#">376.777.2(1)</a>	If insured changes occupation to one that is classified by insurer as more (or less) hazardous	
Misstatement of Age	<a href="#">376.777.2(2)</a>	If insurers age is misstated, amounts payable shall be as the premium would have purchased at the correct age	
Other Insurance in this Insurer	<a href="#">376.777.2(3)</a>	Accident and sickness policy previously issued by the insurer	
Insurance with Other Insurers	<a href="#">376.777.2(4)</a>	Other valid coverage providing benefits for the same loss. "Expense Incurred Benefits". <i>"In applying the foregoing policy provision no third party liability coverage shall be included as "other valid coverage".</i>	
Insurance with Other Insurers	<a href="#">376.777.2(5)</a>	Other valid coverage providing benefits for the same loss. "Other Benefits"	
Relation of Earnings to Insurance	<a href="#">376.777.2(6)</a>	Provision indicating the insurers liability in proportion to amount of earnings	



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Unpaid Premium	<a href="#">376.777.2(7)</a>	Any premium due and unpaid may be deducted from the payment of a claim	
Cancellation	<a href="#">376.777.2(8)</a>	Written notice, delivered to insured's address, NOTE: time frames must be consistent with HIPAA.	
Conformity with State Statutes	<a href="#">376.777.2(9)</a>	Any provision which is in conflict with statutes of the state which insured resides, policy is amended to conform	
Illegal Occupation	<a href="#">376.777.2(10)</a>	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	<a href="#">376.777.2(11)</a>	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	<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	
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.	
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.	
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	
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	



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Coverage for hospital dental procedure	<a href="#">376.1225</a>	Coverage for general anesthesia, hospital charges for dental care	
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	

**Mental Health / Chemical Dependency**

Out-of-network mental health services	<a href="#">20 CSR 400-2.160</a>	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	<a href="#">376.779</a>	30 days inpatient treatment for alcoholism - applicable if the benefits outlined under <a href="#">376.811</a> are not automatically included or are rejected and the benefits outlined under <a href="#">376.827</a> are not provided	
Definitions	<a href="#">376.810</a>	Definitions: chemical dependency & mental illness	
Chemical dependency and mental illness benefits	<a href="#">376.811</a>	OFFER – chemical dependency & mental illness coverage	
Applied Behavioral Analysis (ABA)	<a href="#">376.1224</a>	OFFER – \$40K+ coverage of ABA therapy, adjusted triennially for inflation – <b>must be offered to each individual on individually underwritten group coverage</b>	

**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	



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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	

**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 <a href="#">375.936(11)(b)</a> . 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="#">376.777</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="#">376.777</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="#">376.777</a>	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted	
Variable Language	<a href="#">See Filing Guidelines</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="#">376.777</a>	Brackets around an entire page constitute a "blank" or generic form – not permitted	
Waiting Period	<a href="#">376.777</a>	Waiting period during which no benefits are payable – not permitted	

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