



Blanket Accident and Sickness/ Group H04  
Missouri Department of Commerce and Insurance  
Insurance Market Regulation Division  
Life & Healthcare Section

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

**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.**

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

**H04 Group:** A health insurance contract that covers all of a class of persons not individually identified in the contract. Please note, Missouri allows use of this TOI for accident and sickness policies that do not fall under any other TOI and pay on expense incurred basis.

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at: NAIC.org and the MO SERFF filing guidelines in SERFF.

**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 Documents 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  - A. Cannot be reused, except when original filing rejected or withdrawn.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 Documents 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 (be):
  - 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.



**Blanket Accident and Sickness/ Group H04**  
**Missouri Department of Commerce and Insurance**  
**Insurance Market Regulation Division**  
**Life & Healthcare Section**

<b>General Filing Submission Requirements (Supporting Documents Tab in SERFF):</b>			
<b>#</b>	<b>Citation/Location</b>	<b>Name</b>	
	20 CSR 400-2.130 (2)(C) & (3)	Group health filings for in-state and out-of-state: affidavits required	
<b>#</b>	<b>Citation</b>	<b>Policy Approval Criteria</b>	<b>Form and Page Number</b>
1	375.995 RSMo	Sex or marital status discrimination as to benefits or coverage prohibited	
2	376.386 RSMo	Prescription drugs, one co-payment for dosage prescribed	
3	376.391 RSMo	Co-payments for chiropractic services, cap	
4	376.407 RSMo	Advance practice nurse, claims for service to be reimbursed, when	
5	376.425 RSMo	Student accident policies, may not limit surgical benefits, when	
6	376.426 RSMo	Required policy provisions (1): Grace period (31 days) (2): Incontestability (3): Application/statements of the insured (4): Evidence of individual insurability, if applicable (5): Pre-existing conditions (medical advice or treatment received during 12 months prior) (6): Misstatement of Age (coverage equal amount premium would have purchased at issue age) (7): Certificate required/ delivery (8): Notice of claim (9): Claim forms (15 days of request; deemed to comply if failure to furnish claim forms) (10): Proof of loss due to disability (proof of loss within 90 days, no later than 1 year, except absence of legal capacity) (11): Time benefits are payable (see also 376.383-384) (12): To whom benefits payable when accidental loss of life; all other benefits of policy (13): Right to examine while claim is pending (14): Legal action (15): Termination of policy (16): Limiting age/ Handicapped child (17): Dependent coverage (18): policy insuring debtors: provide certificate	
7	376.438 RSMo	Extension of benefits - Group policies, modifying or amending benefits shall provide extension of benefits in event of total disability at date of termination or discontinuance	
8	376.441 RSMo	Carrier contract replaced by similar benefit plan of another carrier --liability of prior carrier--succeeding carrier coverage requirements	
9	376.778 RSMo	Public hospitals - Payment direct to public hospitals or clinics with or without assignment, when--provisions required in contracts	



**Blanket Accident and Sickness/ Group H04**  
**Missouri Department of Commerce and Insurance**  
**Insurance Market Regulation Division**  
**Life & Healthcare Section**

10	376.781 RSMo	Speech & hearing - Speech and hearing disorders, companies to offer coverage, when--rules, procedure	
11	376.782 RSMo	Mammography	
12	376.805 RSMo	Elective abortions	
13	376.806 RSMo	Refund of health insurance premium on notice of death of insured—refunded to whom—definitions—exception—failure to notify within one year	
14	376.816 RSMo	Adopted children	
15	376.820 RSMo	Child coverage: Discrimination prohibited	
16	376.1199 RSMo	Coverage for certain obstetrical / gynecological services: <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>	
17	376.1210 RSMo	Maternity benefits, minimum hospital stays, exceptions--notice of benefits, contents--attending physician defined--rulemaking	
18	376.1235 RSMo	Physical therapy – Cost share	
19	376.1350 RSMo	Definitions.	
20	376.1361 RSMo	Utilization Program and Right to Appeal	
21	376.1363 RSMo	Utilization review decisions, procedures	
22	376.1365 RSMo	Reconsideration of an adverse determination, when	
23	376.1367 RSMo	Emergency services benefit determination, coverage required, when	
24	376.1372 RSMo	Utilization review, procedures - Certification and member handbook to include utilization review procedures	
25	376.1378 RSMo	Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when.	
26	376.1382 RSMo	Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures	
27	376.1385 RSMo	Grievance Second-level review procedures	
28	376.1389 RSMo	Expedited Review - Expedited grievance review procedure.	



**Blanket Accident and Sickness/ Group H04**  
**Missouri Department of Commerce and Insurance**  
**Insurance Market Regulation Division**  
**Life & Healthcare Section**

29	20 CSR 400-2.060 (3)	<p>(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.</p> <p>(B): Benefits reduced: If benefits are reduced due to age, policy must clearly disclose in print and location.</p> <p>(C): Agent's Authority: company may disclaim agent's authority to alter contract or grant insurability – prohibition on certain language.</p> <p>(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</p> <p>(E): Deductible shall be applied to allowable expenses prior to the applicable coinsurance</p> <p>(F): policy or certificate shall not include any language which requires that accidental bodily injury be effective solely through external, violent and accident means.</p> <p>(G): Alcoholism coverage; if plan provides for hospital treatment.</p>	
30	20 CSR 400-2.060 (4)	<p>Essential Conditions to be contained:</p> <p>(A): if certificate or coverage booklet is to be delivered to a member of group, must file for review and approval.</p> <p>(B): requirements on variable language</p> <p>(C): Definition of Total Disability</p> <p>(D): Definition of Residual Disability</p> <p>(E): Timing of notice of acceptance of application or give the prospective insured reason for delay.</p> <p>(F): Self-inflicted injuries resulting from attempted suicide while sane.</p> <p>(G): Exclusion of injuries or illness due to course of employment.</p>	
31	20 CSR 400-2.110	Life and health benefits relating to HIV infection	
32	20 CSR 400-2.120	Application Questions and Underwriting Practices Relating to HIV Infection	
33	20 CSR 400-2.140	Speech and hearing disorders--Definitions	
<b>Prohibited Provisions</b>			
1	376.405 RSMo	Ambiguous, misleading provisions: cannot be uncertain, ambiguous or not reasonably adequate for protection of insured	
2	435.350 RSMo	Arbitration prohibited	