



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.

H10G: Insurance that provides benefit for routine dental examinations, preventive dental work and dental procedures needed to treat tooth decay and disease of the teeth and jaw.

H20G: Limited benefit expense policies. Provides benefits for eye care and eye care accessories. Generally provides a stated dollar amount per annual eye examination. Benefits often include a stated dollar amount for glasses and contacts. May include surgical benefits for injury or sickness associated with the eye.

For appropriate use of TOIs, please see the NAIC CDS Coding Matrix at:
https://www.naic.org/documents/industry_pcm_lahac.pdf

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 - A. Cannot be reused, except when original filing rejected or withdrawn.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



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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.

| General Filing Submission Requirements (for Supporting Documents Tab in SERFF): | | | |
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| # | Citation/Location | Name | |
| | 20 CSR 400-2.130 (2)(C) & (3) | Group health filings for in-state and out-of-state: affidavits required | |
| # | Citation | Name | Form and Page |
| 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 | 376.426 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 | |
| 4 | 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 | |
| 5 | 376.816 RSMo | Adopted children | |
| 6 | 376.820 RSMo | Child coverage: Discrimination prohibited | |
| 7 | 376.1350 RSMo | Definitions. | |



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| 8 | 376.1361 RSMo | Utilization Program and Right to Appeal | |
| 9 | 376.1363 RSMo | Utilization review decisions, procedures | |
| 10 | 376.1365 RSMo | Reconsideration of an adverse determination, when | |
| 11 | 376.1367 RSMo | Emergency services benefit determination, coverage required, when | |
| 12 | 376.1372 RSMo | Utilization review, procedures - Certification and member handbook to include utilization review procedures | |
| 13 | 376.1378 RSMo | Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when. | |
| 14 | 376.1382 RSMo | Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures | |
| 15 | 376.1385 RSMo | Grievance Second-level review procedures | |
| 16 | 376.1389 RSMo | Expedited Review - Expedited grievance review procedure. | |
| 17 | 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> | |
| 18 | 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> | |



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| | | (G): Exclusion of injuries or illness due to course of employment. | |
| Prohibited Provisions | | | |
| 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 | |