



Missouri Department of Commerce and Insurance  
Market Regulation Division  
Insurance Product Filing Section  
[ProductFilings@insurance.mo.gov](mailto:ProductFilings@insurance.mo.gov)

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## Group Comprehensive Checklist

**H15G:** An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.

**H16G:** A hospital/surgical/medical expense contract that provides comprehensive benefits as defined in the state in which the contract will be delivered.

Missouri uses the NAIC Coding Matrix to determine the appropriate use of TOI's. Visit [NAIC.org](http://NAIC.org) for the most current version of the matrix.

The SERFF filing fee of \$150 must be paid via Electronic Funds Transfer (EFT) pursuant to 374.230 RSMo.

Non-Employer Group filings must be submitted in conjunction with Interstate Insurance Product Regulation Committee (IIPRC) filings. This includes Group Life, Group Annuity, and Group Disability products.

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.



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## Instructions

Complete this checklist by providing the location of the provision in the forms. The completed checklist should be attached to the Supporting Documentation tab.

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 form is marked as AEF (Form Type for application/enrollment form).

The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.

Provide an explanation of variability for all bracketed alpha and numeric text.

If filing a rider, endorsement, or application, please provide the SERFF tracking number for the forms with which these new forms will be used.

Documents within a filing can be marked confidential, but an explanation of how the request complies with 374.070 RSMo and 20 CSR 10-2.400 must be provided.

When providing a redline version of the changes, please attach it to the Supporting Documentation tab. The form being submitted for approval should be in final format under the Form Schedule tab.

Health rate filings must be submitted separately from Forms. For more information on health rate filings, please visit [our website](#).

Life must be filed separately from Health. Group separately from Individual.

Filing Submissions shall include the following and meet the requirements under 20 CSR 100-9.100;

- a. Provide a brief, detailed description of benefits, the purpose of the filing, and the intended market on the General Information tab.
- b. Disclose if the form is new or a replacement.
- c. Provide all corresponding SERFF Tracking Numbers, including rate filings if filing a form filing.

Citation	Summary	Form	Page #
<a href="#">375.924 RSMo</a>	Company address and phone number		
<a href="#">375.936 RSMo</a>	Define unfair practices		
<a href="#">375.995 RSMo</a>	Prohibits sex or marital status discrimination		
<a href="#">376.379 RSMo</a>	Medication synchronization services		
<a href="#">376.384.1 (3) RSMo</a>	Carrier may not request a refund or offset against claims paid more than 12 months prior		
<a href="#">376.385 RSMo</a>	Diabetes equipment, supplies, and training coverage		
<a href="#">376.386 RSMo</a>	One co-pay for the medication dosage prescribed		
<a href="#">376.391 RSMo</a>	Capped chiropractic co-pay		
<a href="#">376.392 RSMo</a>	Notice of prescription drug formularies		
<a href="#">376.397 RSMo</a>	Converted group policy exceptions		
<a href="#">376.401 RSMo</a>	Conversion rights of retirees and dependents		
<a href="#">376.406 RSMo</a>	Extent of newborn coverage and definitions		
<a href="#">376.407 RSMo</a>	Reimbursement for advanced practice nurse services		
<a href="#">376.426 RSMo</a>	Required provisions (1-19)		
<a href="#">376.428 RSMo</a>	COBRA provisions		
<a href="#">376.429 RSMo</a>	Clinical trial for prevention, early detection and treatment of cancer		
<a href="#">376.434 RSMo</a>	Liability for claims during the grace period		
<a href="#">376.438 RSMo</a>	Extension of benefits for disability		
<a href="#">376.441 RSMo</a>	Carrier contract replacement liabilities		
<a href="#">376.450 RSMo</a>	HIPPA limits		
<a href="#">376.685 RSMo</a>	Optometrists, health insurance plans not to limit fees charged unless reimbursed by plan		
<a href="#">376.778 RSMo</a>	Payment to public hospitals		
<a href="#">376.779 RSMo</a>	Inpatient treatment for alcoholism		
<a href="#">376.781 RSMo</a>	Speech and hearing coverage		
<a href="#">376.782 RSMo</a>	Mammography coverage		
<a href="#">376.801 RSMo</a>	Child health supervision services		
<a href="#">376.805 RSMo</a>	Elective abortion not permitted		

Citation	Summary	Form	Page #
<a href="#">376.806 RSMo</a>	Refund of premium upon notice of insureds death		
<a href="#">376.807 RSMo</a>	Reduction or denial of benefits to insureds eligible for medical assistance		
<a href="#">376.810 RSMo</a>	Chemical dependency definitions		
<a href="#">376.811 RSMo</a>	Chemical dependency coverage and mental health benefits		
<a href="#">376.816 RSMo</a>	Adopted children coverage		
<a href="#">376.818 RSMo</a>	Eligibility for Medicaid		
<a href="#">376.820 RSMo</a>	Child coverage discrimination prohibited		
<a href="#">376.821.2 RSMo</a>	Denial of coverage based on incarceration		
<a href="#">376.845.2 RSMo</a>	Coverage of eating disorders		
<a href="#">376.892</a> and <a href="#">376.893 RSMo</a>	Continued group coverage for spouse		
<a href="#">376.894 RSMo</a>	Termination amount of premium		
<a href="#">376.1183 RSMo</a>	No cost-sharing for diagnostic breast examinations		
<a href="#">376.1199 RSMo</a>	Coverage of certain obstetrical/gynecological services		
<a href="#">376.1200 RSMo</a>	Breast cancer treatment and limits		
<a href="#">376.1209 RSMo</a>	Mastectomy and reconstructive surgery		
<a href="#">376.1210 RSMo</a>	Maternity benefits		
<a href="#">376.1215 RSMo</a>	Immunizations		
<a href="#">376.1218 RSMo</a>	Coverage for children enrolled in early intervention system (First Steps)		
<a href="#">376.1219 RSMo</a>	PKU formula and low-protein modified food product coverage		
<a href="#">376.1220 RSMo</a>	Newborn hearing screenings		
<a href="#">376.1224 RSMo</a>	Autism		
<a href="#">376.1225 RSMo</a>	Hospital dental coverage		
<a href="#">376.1228 RSMo</a>	Child hearing aid coverage		
<a href="#">376.1230 RSMo</a>	Chiropractic care		
<a href="#">376.1232 RSMo</a>	Prosthetics		
<a href="#">376.1235 RSMo</a>	Physical therapist co-pay and co-insurance		
<a href="#">376.1237 RSMo</a>	Prescription eye drop refills		
<a href="#">376.1250 RSMo</a>	Cancer screening		

Citation	Summary	Form	Page #
<a href="#">376.1253 RSMo</a>	Second opinion rights to new cancer patients		
<a href="#">376.1257 RSMo</a>	Anticancer medication		
<a href="#">376.1275 RSMo</a>	Human leukocyte antigen testing for bone marrow transplant coverage		
<a href="#">376.1290 RSMo</a>	Lead testing coverage		
<a href="#">376.1350 RSMo</a>	Definitions		
<a href="#">376.1361</a> and <a href="#">376.1363 RSMo</a>	Utilization review and right to appeal		
<a href="#">376.1365 RSMo</a>	Adverse determination		
<a href="#">376.1367 RSMo</a>	Emergency services benefit determination		
<a href="#">376.1372 RSMo</a>	Utilization review procedures to be included in Certificate of Coverage and member handbook		
<a href="#">376.1378 RSMo</a>	Grievance procedures in Evidence of Coverage		
<a href="#">376.1382</a> and <a href="#">376.1385 RSMo</a>	First and second-level grievance procedures		
<a href="#">376.1389 RSMo</a>	Expedited grievance review		
<a href="#">376.1550 RSMo</a>	Mental health coverage		
<a href="#">376.1900 RSMo</a>	Telehealth coverage		
<a href="#">20 CSR 400-2.010 (2)(A)</a>	10-day free look period when the member pays most of the premium		
<a href="#">20 CSR 400-2.030</a>	Group coordination of benefits		
<a href="#">20 CSR 400-2.060 (2)</a>	Definitions		
<a href="#">20 CSR 400-2.060 (3)</a>	Required elements of coverage		
<a href="#">20 CSR 400-2.060 (4)</a>	Essential conditions to be contained		
<a href="#">20 CSR 400-2.060 (6)</a>	Ambulatory surgical centers covered the same as inpatient hospitals		
<a href="#">20 CSR 400-2.130 (2) and (3)</a>	In and out-of-state affidavit requirement for group health filings		
<a href="#">20 CSR 400-2.140</a>	Speech and hearing disorders		

Citation	Summary	Form	Page #
<a href="#">20 CSR 400-2.160</a>	Minimum two out-of-network visits		
<a href="#">376.405 RSMo</a>	Ambiguous and misleading language is prohibited		
<a href="#">435.350 RSMo</a>	Arbitration is prohibited		