



Missouri Department of Commerce and Insurance
Market Regulation Division
Insurance Product Filing Section
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Non-Comprehensive Group Health Checklist

This checklist applies to all group health products, including dental, vision and hearing. It does not apply to Short-term Health products filed under H15G or H16G. Please see Group Short-Term Health Checklist for laws applicable to such products.

Missouri uses the NAIC Coding Matrix to determine the appropriate use of TOI's. Visit 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The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.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.

Applicable to All Non-Comprehensive Group Health Products

Citation	Summary	Form	Page #
375.924 RSMo	Company address and phone number		
375.936 RSMo	Define unfair practices		
375.995 RSMo	Prohibits sex or marital status discrimination		
376.386 RSMo	One co-pay for the medication dosage prescribed		
376.406 RSMo	Extent of newborn coverage and definitions		
376.407 RSMo	Reimbursement for advanced practice nurse services		
376.426 RSMo	Required provisions (1-19)		
376.806 RSMo	Refund of premium upon notice of the insured's death		
376.816 RSMo	Adopted children coverage		
376.820 RSMo	Child coverage discrimination is prohibited		
376.1228 RSMo	Child hearing aid coverage		
376.1350 RSMo	Definitions		
376.1361 and 376.1363 RSMo	Utilization review and right to appeal		
376.1365 RSMo	Adverse determination		
376.1367 RSMo	Emergency services benefit determination		
376.1372 RSMo	Utilization review procedures to be included in Certificate of Coverage and member handbook		
376.1378 RSMo	Grievance procedures in Evidence of Coverage		
376.1382 and 376.1385 RSMo	First and second-level grievance procedures		
376.1389 RSMo	Expedited grievance review		
20 CSR 400-2.010 (2)(A)	10-day free look period when the member pays most of the premium		
20 CSR 400-2.060 (2)	Definitions		
20 CSR 400-2.060 (3)	Required elements of coverage		

Citation	Summary	Form	Page #
20 CSR 400-2.060 (4)	Essential conditions to be contained		
20 CSR 400-2.060 (5)	Benefit reduction clauses – DISABILITY INSURANCE ONLY		
20 CSR 400-2.130 (2) and (3)	In and out-of-state affidavit requirement for group health filings		
376.405 RSMo	Ambiguous and misleading language is prohibited and waiting periods are not permitted (376.405.3 RSMo)		
435.350 RSMo	Arbitration is prohibited		

Applicable to Group Hospital Indemnity Only (H14G), Other Than Hospital Indemnity (H23G), Limited Wraparound (H24G), and Similar Supplemental Coverage (H25G)

Citation	Summary	Form	Page #
376.778 RSMo	Public hospital direct payment		
376.781 RSMo	Speech and hearing rules and procedures		

Applicable to Group Blanket Accident and Sickness (H04G)

Citation	Summary	Form	Page #
376.391 RSMo	Capped co-pay on chiropractic services		
376.438 RSMo	Extension of benefits		
376.441 RSMo	Contract replacement requirements of prior and succeeding carriers		
376.778 RSMo	Public hospital direct payment		
376.781 RSMo	Speech and hearing rules and procedures		
20 CSR 400-2.140	Speech and hearing definitions		
376.782 RSMo	Mammography		
376.805 RSMo	Elective abortion		
376.1199 RSMo	Obstetrical/gynecological services		
376.1210 RSMo	Maternity benefits		
376.1235 RSMo	Physical and occupational therapy		

Applicable to Group Intensive Care (H08G), Organ and Tissue Transplant - Limited Benefit (H09G), Short-Term Home, Nursing and Adult Care (H13G)

Citation	Summary	Form	Page #
376.778 RSMo	Public hospital direct payment		
376.779 RSMo	Alcoholism coverage and treatment		
376.781 RSMo	Speech and hearing rules and procedures		
20 CSR 400-2.140	Speech and hearing definitions		
376.1235 RSMo	Physical and occupational therapy		
20 CSR 400-2.060	Ambulatory surgical centers		