



Missouri Department of Commerce and Insurance
Market Regulation Division
Insurance Product Filing Section
ProductFilings@insurance.mo.gov

Individual Comprehensive Health Checklist

H15I: 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.

H16I: 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 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.

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The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.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 #
375.924 RSMo	Company address and phone number		
375.936 RSMo	Define unfair practices		
375.995 RSMo	Prohibits sex or marital status discrimination		
376.379 RSMo	Medication synchronization services		
376.384.1 (3) RSMo	Carrier shall not request a refund or offset against claims paid more than 12 months prior		
376.385 RSMo	Diabetes equipment, supplies, and training coverage		
376.386 RSMo	One co-pay for the medication dosage prescribed		
376.391 RSMo	Capped chiropractic co-pay		
376.392 RSMo	Notice of prescription drug formularies		
376.397 RSMo	Converted group policy exceptions		
376.401 RSMo	Conversion rights of retirees and dependents		
376.406 RSMo	Extent of newborn coverage and definitions		
376.407 RSMo	Reimbursement for advanced practice nurse services		
376.429 RSMo	Clinical trial for prevention, early detection and treatment of cancer		
376.450 RSMo	HIPPA limits		
376.685 RSMo	Optometrists, health insurance plans not to limit fees charged unless reimbursed by plan		
376.776 RSMo	Handicapped and dependent child coverage age limits		
376.777 RSMo	Required provisions herein 1.(1-12) and 2.(1-11) and 7.(5)		
376.779 RSMo	Inpatient treatment for alcoholism		
376.781 RSMo	Speech and hearing coverage		
376.782 RSMo	Mammography coverage		
376.805 RSMo	Elective abortion not permitted		
376.806 RSMo	Refund of premium upon notice of insureds death		
376.807 RSMo	Reduction or denial of benefits to insureds eligible for medical assistance		

Citation	Summary	Form	Page #
376.810 RSMo	Chemical dependency definitions		
376.811 RSMo	Chemical dependency coverage and mental health benefits		
376.816 RSMo	Adopted children coverage		
376.818 RSMo	Eligibility for Medicaid		
376.820 RSMo	Child coverage discrimination is prohibited		
376.821.2 RSMo	Denial of coverage based on incarceration		
376.845.2 RSMo	Coverage of eating disorders		
376.1199 RSMo	Coverage of certain obstetrical/gynecological services		
376.1200 RSMo	Breast cancer treatment and limits		
376.1209 RSMo	Mastectomy and reconstructive surgery		
376.1210 RSMo	Maternity benefits		
376.1215 RSMo	Immunizations		
376.1218 RSMo	Coverage for children enrolled in the early intervention system (First Steps)		
376.1219 RSMo	PKU formula and low-protein modified food product coverage		
376.1220 RSMo	Newborn hearing screenings		
376.1224 RSMo	Autism		
376.1225 RSMo	Hospital dental procedure		
376.1228 RSMo	Child hearing aid coverage		
376.1230 RSMo	Chiropractic care coverage		
376.1232 RSMo	Prosthetics		
376.1235 RSMo	Physical therapist co-pay and co-insurance		
376.1237 RSMo	Prescription eye drop refills		
376.1250 RSMo	Cancer screening coverage		
376.1253 RSMo	Second opinion for cancer patients		
376.1257 RSMo	Anticancer medications		
376.1275 RSMo	Human leukocyte antigen testing coverage		
376.1290 RSMo	Lead testing coverage		
376.1350 RSMo	Definitions		
376.1361 and 376.1363 RSMo	Utilization review and right to appeal		

Citation	Summary	Form	Page #
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		
376.1550 RSMo	Mental health coverage		
376.1900 RSMo	Telehealth coverage		
376.3454 RSMo	Guaranteed renewable		
20 CSR 400-2.010	10-day free look period and refund of premium		
20 CSR 400-2.060 (2)	Definitions		
20 CSR 400-2.060 (3)	Elements of coverage		
20 CSR 400-2.060 (4)	Essential conditions to be contained		
20 CSR 400-2.060	Ambulatory surgical centers covered the same as inpatient hospitals		
20 CSR 400-2.140	Speech and hearing disorders		
20 CSR 400-2.160	Minimum two out-of-network visits		
376.777 RSMo	Ambiguous and misleading language is prohibited		
435.350 RSMo	Arbitration is prohibited		