



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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## Individual Non-Comprehensive Health Checklist

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.

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.



301 West High Street, Room 530 • Jefferson City, Missouri 65101  
Telephone 573/751-4126 • RelayMo TTY Dial 711 or 1-800-735-2966

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The Form Number cannot be reused, except when the original filing is rejected or withdrawn, and the Form Number on the Form Schedule tab must match the form number provided in the lower left-hand corner of the first page.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

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 if prescription coverage is offered		
<a href="#">376.384.1 (3) RSMo</a>	Shall not request a refund or offset against claims paid more than 12 months prior		
<a href="#">376.386 RSMo</a>	One co-pay for the medication dosage prescribed, where applicable		
<a href="#">376.392 RSMo</a>	Notice of prescription drug formularies		
<a href="#">376.406 RSMo</a>	Extent of newborn coverage and definitions, where applicable		
<a href="#">376.407 RSMo</a>	Reimbursement for advanced practice nurse services		
<a href="#">376.450 RSMo</a>	HIPPA limits		
<a href="#">376.776 RSMo</a>	Handicapped and dependent child coverage age limits		
<a href="#">376.777 RSMo</a>	Required provisions herein 1.(1-12) and 2.(1-11) and 7.(5)		
<a href="#">376.778 RSMo</a>	Public hospital payment		
<a href="#">376.781 RSMo</a>	Speech and hearing coverage, if hospital treatment is provided		
<a href="#">376.806 RSMo</a>	Refund of premium upon notice of insureds death		
<a href="#">376.816 RSMo</a>	Adopted children coverage		
<a href="#">376.820 RSMo</a>	Child coverage discrimination is prohibited		

Citation	Summary	Form	Page #
<a href="#">376.1210 RSMo</a>	Maternity benefits		
<a href="#">376.1235 RSMo</a>	Physical therapy cost share, if applicable		
<a href="#">376.1350 RSMo</a>	Definitions		
<a href="#">20 CSR 400-2.010</a>	10-day free look period and refund of premium		
<a href="#">20 CSR 400-2.060 (2)</a>	Definitions		
<a href="#">20 CSR 400-2.060 (3)</a>	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="#">376.777 RSMo</a>	Ambiguous and misleading language is prohibited		
<a href="#">435.350 RSMo</a>	Arbitration is prohibited		

## Applicable to Individual Student Health H22

Citation	Summary	Form	Page #
<a href="#">376.391 RSMo</a>	Chiropractic co-payments		
<a href="#">376.425 RSMo</a>	Student accident		
<a href="#">376.778 RSMo</a>	Public hospital payment		
<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="#">376.805 RSMo</a>	Elective abortion not permitted		
<a href="#">376.1183 RSMo</a>	Diagnostic breast examinations		
<a href="#">376.1199 RSMo</a>	Ob/gyn		
<a href="#">376.1210 RSMo</a>	Maternity benefits		
<a href="#">376.1215 RSMo</a>	Childhood immunization		
<a href="#">376.1219 RSMo</a>	Pku testing and formula		
<a href="#">376.1220 RSMo</a>	Newborn hearing		
<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="#">376.1235 RSMo</a>	Physical therapy cost share		
<a href="#">20 CSR 400-2.010</a>	10-day free look period and refund of premium		
<a href="#">20 CSR 400-2.060 (3)</a>	Elements of coverage		
<a href="#">20 CSR 400-2.060 (4)</a>	Essential conditions to be contained		

## Applicable to Individual Prescription Drug H17

Citation	Summary	Form	Page #
<a href="#">376.392 RSMo</a>	Drug cancellation notification		
<a href="#">376.1237 RSMo</a>	Early refill eye drops		
<a href="#">20 CSR 400-2.010</a>	10-day free look period and refund of premium		

**Applicable to Individual Non-Comprehensive Health  
Products with Managed Care Component  
Except H02, H03, H11, H13, and H17**

Citation	Summary	Form	Page #
<a href="#">376.1350 RSMo</a>	Utilization review		
<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		