

Individual Intensive Care (H08), Organ & Tissue Transplant/ Limited Benefit (H09), Short Home or Nursing Facility Term Care (H13) and Prescription Drugs (H17)

Company Name: _____
Lead From # as it appears in SERFF: _____

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.

Intensive Care (H08): Provides a daily benefit for confinement in a qualified intensive care unit of a certified hospital. Benefits are specific to services delivered by the staff of a hospital intensive care unit. Benefits not to exceed a stated dollar amount per day.

Organ & Tissue Transplant/ Limited Benefit (H09): Provides benefits for services incurred as a result of human and/or non-human organ transplant. Benefits are specific to the delivery of care associated with the covered organ or tissue transplant. Benefits not to exceed a stated dollar amount per day.

Short Term Care- Home or Nursing Facility (H13): Coverage that provides medical and other services to insured's who need constant care in their own home or in a nursing facility for periods of less than one year.

Prescription Drugs (H17): Prescription Drug plan that covers the costs of outpatient drugs that are required by either state or federal law to be dispensed by a prescription. Drugs for which prescriptions are not required may also be covered.

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 - A. Cannot be reused, except when original filing rejected or withdrawn.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/> and 20 CSR 400-8.200(6).
9. In general, Filing Submissions shall, pursuant to 20 CSR 400-8.200:
 - 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 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.

#	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	LOCATION IN FILING
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	376.407 RSMo	Advance practice nurse, claims for service to be reimbursed, when	
4	376.406 RSMo	Newborn coverage, applicable if have dependents coverage.	
5	376.776 RSMo	Hospital and medical expense provisions extended for certain handicapped and dependent children past normal coverage age	
6	376.777 RSMo	Required Policy Provisions: 376.777.1: (1): Entire Contract; changes (2): Incontestability; time limit on certain defenses (3): Grace period (31 days for monthly premiums; not less than 7 for weekly) (4): Reinstatement (5): Notice of claim (20 days after occurrence or as soon as reasonably possible; policies for loss of time – option to insert specific language) (6): Claim forms (15 days; failure to provide deemed to comply) (7): Proof of loss (90 days; shall not reduce or invalidate) (8): Time payment of claims: immediately upon receipt of proof of loss (9): Payment of claims: in accordance to beneficiary designation, if applicable. (10): Physical exam and autopsy, while claim is pending (11): Legal Action (12): Change of beneficiary, if applicable	

		<p>376.777.2 Other provisions: If included in policy --No policy delivered or issued shall contain unless approved:</p> <p>(1): Change of occupation (2): Misstatement of Age (3): other insurance in this insurer (4): insurance with other insurers— on a service basis or on an expensed incurred basis (5): insurance with other insurers— Other than expense incurred (6): Relations of earnings to insurance (7): Unpaid premium (8): Cancellation (9): Conformity with state statutes (10): Illegal occupation</p>	
7	376.778 RSMo	Public hospitals - Payment direct to public hospitals or clinics with or without assignment, when--provisions required in contracts	
9	376.779 RSMo	Alcoholism: Offer	
10	376.781 RSMo	Speech & hearing - Speech and hearing disorders, companies to offer coverage, when--rules, procedure	
11	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	
12	376.816 RSMo	Adopted children	
13	376.820 RSMo	Child coverage: Discrimination prohibited	
14	376.1235 RSMo	Physical therapy – Cost share	
15	376.1350 RSMo	Definitions.	
16	376.1361 RSMo	Utilization Program and Right to Appeal	
17	376.1363 RSMo	Utilization review decisions, procedures	
18	376.1365 RSMo	Reconsideration of an adverse determination, when	
19	376.1367 RSMo	Emergency services benefit determination, coverage required, when	
20	376.1372 RSMo	Utilization review, procedures - Certification and member handbook	

		to include utilization review procedures	
21	376.1378 RSMo	Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when.	
22	376.1382 RSMo	Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures	
23	376.1385 RSMo	Grievance Second-level review procedures	
24	376.1389 RSMo	Expedited Review - Expedited grievance review procedure.	
25	20 CSR 400-2.010	Insured's right to examination of accident and sickness coverage	
26	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 gran 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 sole through external, violent and accident means.</p> <p>(G): Alcoholism coverage; if plan provides for hospital treatment.</p>	
27	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>	

		(B): requirements on variable language (C): Definition of Total Disability (D): Definition of Residual Disability (E): Timing of notice of acceptance of application or give the prospective insured reason for delay. (F): Self-inflicted injuries resulting from attempted suicide while sane. (G): Exclusion of injuries or illness due to course of employment.	
Prohibited Provisions			
1	376.426 RSMo	Ambiguous, misleading provisions: uncertain, ambiguous or not reasonably adequate for insured's protection prohibited.	
2	435.350 RSMo	Arbitration prohibited	

All filings must be through SERFF and a filing fee of \$150 applies to each filing, pursuant to 374.230 RSMo. Please refer to MO's SERFF filing guidelines and the DIFP website for more filing guidance if desired.

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

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