



**Group Comprehensive Health (H15 and H16)**  
**Missouri Department of Commerce and Insurance**  
**Insurance Market Regulation Division**  
**Life & Healthcare Section**  
**1019**

**COMPANY NAME:** \_\_\_\_\_

**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.**

All filings and payments must be through SERFF. A filing fee of \$150 applies to each filing, pursuant to 374.230 RSMo.

H15G: An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical and 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. This TOI uses a network of participating providers.

The Department uses the NAIC Product Coding Matrix which can be found on NAIC.org

**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  - A. Cannot be reused, except when original filing rejected or withdrawn.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/>
9. In general, Filing Submissions shall (be):
  - 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.



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General Filing: forms to be attached to Supporting Documents Tab in SERFF			
#	Citation/Location	Name	
	<a href="#">20 CSR 400-2.130 (2)(C) &amp; (3)</a>	Group health filings for in-state and out-of-state: affidavits required	
#	Citation	Policy Approval Criteria	Form and Page Number
1	<a href="#">376.995 RSMo</a>	Sex or marital status discrimination as to benefits or coverage prohibited	
2	<a href="#">376.385 RSMo</a>	Diabetes--insurance coverage for equipment, supplies and self-management training	
3	<a href="#">376.386 RSMo</a>	Prescription drugs, one co-payment for dosage prescribed	
4	<a href="#">376.391 RSMo</a>	Co-payments for chiropractic services, cap	
5	<a href="#">376.392 RSMo</a>	Prescription Drug Formularies: enrollee notice	
6	<a href="#">376.397 RSMo</a>	Converted policy to be offered on termination of group health coverage, when -- exceptions -- terms and conditions	
7	<a href="#">376.401 RSMo</a>	Conversion rights--retirees--dependents of insured	
8	<a href="#">376.406 RSMo</a>	Newborn child to be covered under health policies, extent of coverage—notification of birth, when, effect of – definitions	
9	<a href="#">376.407 RSMo</a>	Advance practice nurse, claims for service to be reimbursed, when	
10	<a href="#">376.426 RSMo</a>	(1): Grace period	
		(2): Incontestability	
		(3): Application/statements of the insured	
		(4): Evidence of individual insurability, if applicable	
		(5): Pre-existing Conditions	
		(6): Misstatement of Age	
		(7): Certificate required/ delivery	
		(8): Notice of claim	
		(9): Claim forms	
		(10): Proof of loss due to disability	
		(11): Time benefits are payable	
		(12): To whom benefits payable when accidental loss of life; all other benefits of policy	
		(13): Right to examine while claim is pending	
		(14): Legal action	



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		(15): Termination of policy	
		(16): Limiting age/ Handicapped child	
		(17): Dependent coverage	
		(19): Allows for an EPO that "requires all health care services to be delivered by a participating provider" ...except for emergency services and services described in Subsection 4 of 376.811.	
11	<a href="#">376.428 RSMo</a>	Federal COBRA provisions to apply to group health insurance policies	
12	<a href="#">376.429 RSMo</a>	Coverage for certain clinical trials for prevention, early detection and treatment of cancer, restrictions -- definitions -- exclusions	
13	<a href="#">376.438 RSMo</a>	Extension of benefits - Group policies, modifying or amending benefits shall provide extension of benefits in event of total disability at date of termination or discontinuance	
14	<a href="#">376.441 RSMo</a>	Carrier contract replaced by similar benefit plan of another carrier --liability of prior carrier--succeeding carrier coverage requirements	
15	<a href="#">376.778 RSMo</a>	Public hospitals - Payment direct to public hospitals or clinics with or without assignment, when--provisions required in contracts	
16	<a href="#">376.781 RSMo</a>	Speech & hearing - Speech and hearing disorders, companies to offer coverage, when--rules, procedure	
17	<a href="#">376.782 RSMo</a>	Mammography--low-dose screening, defined--health care policies to provide required coverage	
18	<a href="#">376.801 RSMo</a>	Coverage for child health supervision services required - - definitions -- permitted limitations on benefits	
19	<a href="#">376.805 RSMo</a>	Elective abortions	
20	<a href="#">376.806 RSMo</a>	Refund of health insurance premium on notice of death of insured—refunded to whom—definitions— exception—failure to notify within one year	
21	<a href="#">376.807 RSMo</a>	Policies not to reduce or deny benefit to persons eligible for medical assistance--deemed primary contract	
22	<a href="#">376.811 RSMo</a>	Coverage required for chemical dependency by all insurance and health service corporations--minimum standards--offer of coverage may be accepted or rejected by policyholders, companies may offer as standard coverage--mental health benefits provided, when—exclusions	
23	<a href="#">376.816 RSMo</a>	Adopted children to be provided health care coverage on the same basis as other dependents—effective from date of birth or on placement—placement defined	
24	<a href="#">376.820 RSMo</a>	Child coverage: Discrimination prohibited	
25	<a href="#">376.892 RSMo</a>	Spousal continuation – Group - Surviving spouse may continue coverage, when--divorced or separated spouse may continue coverage, when--services offered	
26	<a href="#">376.893 RSMo</a>	Spousal continuation – Group - Divorced or separated spouse, continuation of coverage, notice--contents of notice--failure to elect, effect--application	
27	<a href="#">376.894 RSMo</a>	Amount of premium, date of payment—termination of right or continuation of coverage, grounds	



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28	<a href="#">376.1199 RSMo</a>	<p>Coverage for certain obstetrical / gynecological services:          Provide enrollees with direct access to the services of a participating obstetrician, participating gynecologist or participating obstetrician/gynecologist of her choice within the provider network for covered services.          Coverage for services related to diagnosis, treatment and appropriate management of osteoporosis          If the health benefit plan also provides coverage for pharmaceutical benefits, provide coverage for contraceptives either at no charge or at the same level of deductible, coinsurance or co-payment as any other covered drug.          Notice on the enrollment form related elective abortions, if applicable.</p>	
29	<a href="#">376.1200 RSMo</a>	Certain policies to offer coverage for treatment of breast cancer -- limitation on deductible, lifetime maximum benefit -- administration of benefits -- application, effect	
30	<a href="#">376.1209 RSMo</a>	Mastectomy, reconstructive surgery after - Mastectomy-mandatory insurance coverage for prosthetic devices and reconstructive surgery--no time limit to be imposed	
31	<a href="#">376.1210 RSMo</a>	Maternity benefits, minimum hospital stays, exceptions--notice of benefits, contents--attending physician defined--rulemaking	
32	<a href="#">376.1215 RSMo</a>	Immunizations, mandated coverage, exceptions, rulemaking	
33	<a href="#">376.1218 RSMo</a>	Insurance coverage for children enrolled in the Part C early intervention system (First Steps)	
34	<a href="#">376.1219 RSMo</a>	PKU testing and formula - PKU formula and low protein modified food products covered by insurance, when--exceptions	
35	<a href="#">376.1220 RSMo</a>	Insurance coverage for newborn hearing screenings mandated	
36	<a href="#">376.1224 RSMo</a>	Autism	
37	<a href="#">376.1225 RSMo</a>	Hospital dental procedure - Mandated coverage for general anesthesia and hospital charges for dental care, when--prior authorization required, when--exceptions	
38	<a href="#">376.1230 RSMo</a>	Chiropractic care coverage, rates, terms, conditions, limits, and exclusions	
39	<a href="#">376.1232 RSMo</a>	Prosthetics - Insurers to offer coverage for prosthetics	
40	<a href="#">376.1235 RSMo</a>	Physical therapy – Cost share	
41	<a href="#">376.1237 RSMo</a>	Early refill for prescription eye drops	
42	<a href="#">376.1250 RSMo</a>	Cancer screening, health insurance coverage required, when, types	
43	<a href="#">376.1253 RSMo</a>	Second opinion, right of newly diagnosed cancer patients, attending physician to inform -- insurance coverage for such second opinions required, when	
44	<a href="#">376.1257 RSMo</a>	Coverage for anticancer medications under health benefit plan	
45	<a href="#">376.1275 RSMo</a>	Coverage for human leukocyte antigen testing for bone marrow transplantation required, when--exceptions	
46	<a href="#">376.1290 RSMo</a>	Coverage for lead testing	
47	<a href="#">376.1350 RSMo</a>	Definitions	



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48	<a href="#">376.1361 RSMo</a>	Utilization Program and Right to Appeal	
49	<a href="#">376.1363 RSMo</a>	Utilization review decisions, procedures	
50	<a href="#">376.1365 RSMo</a>	Reconsideration of an adverse determination, when	
51	<a href="#">376.1367 RSMo</a>	Emergency services benefit determination, coverage required, when	
52	<a href="#">376.1372 RSMo</a>	Utilization review, procedures - Certification and member handbook to include utilization review procedures	
53	<a href="#">376.1378 RSMo</a>	Grievance Procedures in Evidence of Coverage (EOC) - Grievances and certificate of compliance filed with the director, when.	
54	<a href="#">376.1382 RSMo</a>	Grievance Procedures - First- and second-level grievance review for managed care plans, first-level procedures	
55	<a href="#">376.1385 RSMo</a>	Grievance Second-level review procedures	
56	<a href="#">376.1389 RSMo</a>	Expedited Review - Expedited grievance review procedure.	
57	<a href="#">376.1550 RSMo</a>	Mental health coverage, requirements—definitions--exclusions	
58	<a href="#">376.1900 RSMo</a>	Telehealth - Definitions--reimbursement for telehealth services, when	
59	<a href="#">20 CSR 400-2.020</a>	Hospital indemnity contracts not affected by government hospital	
60	<a href="#">20 CSR 400-2.060 (2)</a>	Definitions in Policy Submittals	
		(A): Definition of alcoholism treatment facility	
		(B): Definition of hospital	
		(C): Definition of intensive care unit	
61	<a href="#">20 CSR 400-2.060 (3)</a>	Elements of Coverage Required	
		(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.	
		(B): Benefits reduced: If benefits are reduced due to age, policy must clearly disclose in print and location.	
		(C): Agent's Authority: company may disclaim agent's authority to alter contract or gran insurability –prohibition on certain language.	
		(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	
		(E): Deductible shall be applied to allowable expenses prior to the applicable coinsurance	
		(F): policy or certificate shall not include any language which requires that accidental bodily injury be effective sole through external, violent and accident means.	



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		(G): Alcoholism coverage; if plan provides for hospital treatment.	
62	<a href="#">20 CSR 400-2.060 (4)</a>	Essential Conditions to be contained	
		(A): if certificate or coverage booklet is to be delivered to a member of group, must file for review and approval.	
		(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.	
63	<a href="#">20 CSR 400-2.110</a>	Life and health benefits relating to HIV infection	
64	<a href="#">20 CSR 400-2.120</a>	Application Questions and Underwriting Practices Relating to HIV Infection	
65	<a href="#">20 CSR 400-2.140</a>	Speech and hearing disorders	
<b>Prohibited Provisions:</b>			
1	<a href="#">376.405 RSMo</a>	Ambiguous, misleading provisions: cannot be uncertain, ambiguous or not reasonably adequate for protection of insured	
2	<a href="#">20 CSR 400-2.030</a>	Arbitration prohibited	