



Division of Insurance Market Regulation

Out of State filing - Filed for Informational Purposes Only

Updated: 10/28/19

Policy form filings to be issued in other states, but providing coverage for Missouri citizens, are required to comply with certain provisions of Missouri law regardless of the state in which the policy is issued (sometimes referred to as “extraterritorial applicability”).

Carriers must provide the domicile state’s approval in PDF format under Supporting Documents tab in SERFF. If the policy was not approved in the domicile state, we will review for compliance with MO Insurance Laws. If the domiciled state approved the filing, the MO certificates should be filed for informational purposes only. Such action constitutes neither approval nor disapproval of the form(s) or the provisions contained therein.

Because certain out-of-state filings are not reviewed by the DIFP for compliance with Missouri law, the burden falls upon the issuing company to assure compliance. The issuing insurance company is responsible for assuring that coverage provided to Missouri citizens fully complies with extraterritorial statutes and regulations. To assist in that effort, we have listed below many of the Missouri insurance laws that indicate extraterritorial applicability by their wording.

Citation	Description	Citation	Description
375.930 to 948	Unfair Trade Practices Act	376.850 to 376.890	Medicare Supplement
375.995	gender/marital discrimination prohibited	376.891 to 376.894	extended continuation rights
375.1000 to 375.1048	Unfair Claims Settlement Practices Act	376.966.5	availability of high risk pool coverage
375.1300 to 375.1312	genetic testing	376.1075 to 1095	regulating TPAs
376.383 to 376.384	prompt payment of claims	376.1199	certain obstetrical/gynecological services
376.386	prescription drug co-payments	376.1215	immunization coverage for children
376.391	copayments for chiropractic services	376.1218	the Missouri First Steps program
376.392	prescription drug formularies	376.1224	coverage of therapy
376.406	coverage for newborns	376.1225	inpatient dental care
376.421.2	discretionary group plans	376.1230	chiropractic coverage
376.429	certain clinical trials	376.1232	offer for coverage of prosthetics
376.431 to 376.442	discontinuance/replacement of policies	376.1250	cancer coverage
376.435	employer plan claim information	376.1253	coverage for second opinions
376.450 to 376.454	HIPAA requirements	376.1275	tests related to bone marrow transplants
376.620	one year suicide exclusion	376.1350 to 376.1372	utilization review requirements
376.779	coverage of alcoholism	376.1375 to 376.1389	grievance procedures and requirements
376.782	mammography	376.1550	mental health coverage and parity
376.789	actual charges	379.930 to 379.952	small employer health insurance
376.806	refund of unearned premiums	20 CSR 400-2.100	HIV testing
376.810 to 376.814	coverage of chemical dependency	20 CSR 400-2.120	HIV questions on applications
	coverage of adopted children	376.816	

Due to the variety of insurance plans and Missouri laws impacting contracts, this list should not be regarded as exhaustive. Companies should review Missouri’s statutes and regulations to determine the applicability of the laws to the coverage being provided. Please send any questions or comments to:

Life and Healthcare Section Manager
573-751-3365 or email: lh@insurance.mo.gov