



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL HEALTH CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
69O-154.001	Important Notice must appear in a prominent manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.003	Notice of Insured's Right to Return Policy: The insured has 10 days from receipt of the contract to review it, and if for any reason he is not satisfied, he may return it for a full refund of the premiums paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.104	Definitions shall be contained in the contract: 1. Hospital 2. Convalescent nursing home or extended care facility 3. Accident, accidental injury, accidental 4. Sickness 5. Physician 6. Nurse 7. Total Disability 8. Partial Disability 9. Medicare 10. Mental or Nervous Disorder 11. Insurer 12. One Period of Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(1)(a)	Noncancellable and Guaranteed Renewable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(1)(b)	Guaranteed Renewable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(1)(c)	Renewable subject to consent of company and variables.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(2)	Standards for policy provisions: Initial and Subsequent Conditions of eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(3)	Standards for policy provisions: Termination of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(4)	Standards for policy provisions: Non-duplication of coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(6)	Probationary or waiting period is the period of time after a policy is issued before it is effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(9)	Standards for policy provisions: Elimination period: That period of time after a disability begins that benefits will not be paid for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(a)	Contents of policy in general: Every policy shall include the names of the parties to the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(b)	Contents of policy in general: Every policy shall include the subject (type) of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(c)	Contents of policy in general: Every policy shall include the risk insured against.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(d)	Contents of policy in general: Every policy shall include the time the insurance takes effect and the period it continues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(e)	Contents of policy in general: Every policy shall include the premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL HEALTH CONTRACT CHECKLIST

627.413(1)(f)	Contents of policy in general: Every policy shall include the conditions pertaining to the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(g)	The form number and edition date and of all endorsements attached to the policy, only at time of original issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4131	Telephone number required for policyholders & certificateholders to present inquiries or obtain information about coverage and to provide assistance in resolving complaints.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.416	Execution of Policies: Every form shall contain the signature of a company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.419(2)	Construction of Policies: "Physician or medical doctor" when used in a contract/policy which includes payment for surgical procedures specified in the policy and performed in a hospital in consultation with a licensed physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.419(7)	Nondiscrimination of Coverage for surgical procedures involving bones or joints of the jaw and facial region.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4232	Out-of-Hospital Benefits: Treatment performed outside the hospital will be paid the same as if performed in a hospital provided it would have been covered on an inpatient basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4233(1)(a)	Total Disability Defined: The policy must, at a minimum, provide that for the first 12 months of the disability, a person is totally disabled if the person is unable to perform the material and substantial duties of the person's occupation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(1)	Expense Incurred Contracts to include Cost Containment Provisions: Co-insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(2)	Expense Incurred Contracts to include Cost Containment Provisions: Deductible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(3)	Expense Incurred Contracts to include Cost Containment Provisions: Utilization Review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(4)	Expense Incurred Contracts to include Cost Containment Provisions: Audit of provider's bills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(5)	Expense Incurred Contracts to include Cost Containment Provisions: Scheduled Benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4234(6)	Expense Incurred Contracts to include Cost Containment Provisions: Pre-admission testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4235(2)	Coordination of Benefits: If a coordination of benefit is included, it may not contain any provision to reduce or refuse to pay benefits unless the insurers together pay 100% of the reasonable expense incurred.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL HEALTH CONTRACT CHECKLIST

627.4236	An insurer may not exclude coverage for Bone Marrow Transplants procedures recommended by the referring physician and the treating physicians under a policy exclusion for experimental, clinical investigative, educational, or similar procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4239	A policy that covers the treatment of cancer may not exclude coverage for any drug prescribed for the treatment of cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.42395	Coverage for certain prescription and non-prescription external formulas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.429	Contract shall not specifically limit or exclude AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4295	Anesthesia and hospitalization for dental care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(a)	Scope and Format of Policy: The monetary and other consideration to be expressed therein.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(b)	Scope and Format of Policy: The time it takes effect and terminates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(c)	Scope and Format of Policy: The persons who are insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(d)	Scope and Format of Policy: Requires at least 10-point type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(e)	Scope and Format of Policy: Requires listing of exceptions and reductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(f)	Scope and Format of Policy: All contracts and related forms shall contain a unique form number in the lower left-hand corner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(2)	Scope and Format of Policy: Deductible statement must appear on the face page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.603	Optional Death Benefits: A health policy may include a provision for paying a death benefit from any cause not to exceed \$1,000; no limit for accidental death.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6041	Handicapped Children: (Expense incurred) - A child who is incapable of self-sustaining employment due to mental retardation or physical handicap and who is chiefly dependent on the policyholder for support and maintenance may continue to be covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6043	Cancellation: The insurer must give 45 days advance written notice to insureds for cancellation, nonrenewal or change in rates. This does not apply when cancellation is due to non-payment of premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6044	Use of specific methodology for payment of claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6045	Pre-Existing Condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6056	Ambulatory Surgical Centers: Services performed in an ambulatory surgical center will be covered if such service would have been covered under the policy as an eligible inpatient service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

INDIVIDUAL HEALTH CONTRACT CHECKLIST

627.606	The Entire Contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.607	The Time Limit on Certain Defenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.609	Reinstatement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.610	Notice of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.611	Claim Forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.612	Proof of Loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.613	Time Payment of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.614	Payment of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.615	Physical Examination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.616	Legal Action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.617	Change of Beneficiary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.634	Age Limit: If a contract has an age limit and a premium is accepted and the date the coverage would terminate falls within the period for which the premium is accepted, the coverage continue until the end of the period for which the premium was paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.635	Excess Insurance: If a policy contains a provision that no benefits will be paid until all benefits are paid by all other contracts, this is excess insurance, and the contract shall have EXCESS INSURANCE stamped or printed on the face page.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6406	Maternity Care: Any health policy that provides for maternity care shall also cover for the services of certified nurse midwives, licensed midwives and services of birthing centers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-125.001(3)(f)	The complications of pregnancy shall be treated the same as any other illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6408	Diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6409	Osteoporosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.641	Coverage for Newborn Children: Expense incurred contracts which provide coverage for family members. A newborn child of the insured or covered family member is covered from the moment of birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6415	Coverage for Adopted and Foster Children upon placement in the residence: A policy providing coverage for a member of a family must also provide for coverage for an adopted child (placed in compliance with Chapter 63, prior to the child's 18th birthday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Life & Health Product Review

INDIVIDUAL HEALTH CONTRACT CHECKLIST

627.6416	Child Health Supervision Services: A contract providing coverage for a member of the family must also provide that health insurance benefits applicable for children include coverage for child health supervision services for children from moment of birth through age 16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6417	A policy that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.64171	Coverage for length of stay and out patient postsurgical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.64172	Routine follow up care for a person who has been determined previously free of cancer does not constitute medical advise, diagnosis, care or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6418	Coverage for mammograms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.64193	Cleft lip and cleft palate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6425	Renewability: Coverage must be renewed except for reasons outlined in these sections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.646	Conversion on termination of eligibility expense incurred: The contract must allow for people who cease to be covered due to termination of eligibility (and prior to becoming eligible for Medicare or Medicaid) to be entitled to have issued, without evidence of insurability, a policy (individual or family, whichever is appropriate) provided application is made and premium is paid within 31 days. The coverage must be equal to or, at the option of the insured, less than the amount of insurance which ceases due to termination. Maternity and dental benefits shall be offered if they were provided in that coverage to be terminated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6471	Contracts for Alternative Rates of Payment: An insurer may enter into contracts for alternate rates of payment with licensed health care providers and may limit payment under such policies and may offer the benefits alternative rates to insureds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	