



OFFICE OF INSURANCE REGULATION

Life & Health Product Review

OUT-OF-STATE GROUP HEALTH CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
627.429	Contract shall not specifically limit or exclude AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(b)	Disclaimer stamp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Must be in compliance with Section 627.6515(2)(c), F.S. for mammograms as outlined in Section 627.6613, F.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.66122 Routine Follow-up Care with Respect to Breast Cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6691 Coverage for Osteoporosis screening, Diagnosis, Treatment and Management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Cleft lip and cleft palate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6574 If policy provides for maternity care it must also provide coverage for certified nurse-midwives, licensed midwives and the services of licensed birth centers and post-delivery care for mother and her newborn infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6575 Coverage for Newborns.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6579 Child Health Supervision Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.667 Extension of benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6675 Conversion on termination of eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.6612 Coverage for surgical procedures and devices incident to Mastectomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(2)(c)	Provide the following coverages: 627.66121 Coverage for length of stay and outpatient post-surgical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(4)	Copy of master policy and certificate shall be filed with the Office for information purposes prior to solicitation in Florida.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(5)	Certification by an officer of the company that the policy and certificate have been filed and approved in the state where the master policy is issued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(6)	Florida Licensed Resident Agent must be designated except as to one of the groups listed in this subsection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6515(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"/>	
627.6515(8)	Anesthesia and Dental coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	