



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**GROUP HEALTH CONTRACT CHECKLIST**  
**EMPLOYEES, LABOR UNIONS, ASSOCIATION GROUPS and ADDITIONAL GROUPS**

Statute/Rule	Description	Yes	No	N/A	Page #
627.4131	Telephone number is required for policyholders and 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 insurance policy shall contain the signature of the company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(4)	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"/>	
627.4232	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	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 regular 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"/>	
627.4235	Coordination of Benefits: All group hospital, medical or surgical expense policies must contain a coordination of benefits provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4236	An insurer may not exclude coverage for Bone Marrow Transplants procedures recommended by the referring physician and the treating physician 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 enteral formulas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(2)	If the contract has a deductible provision, it should be on the first page of the policy/certificate in at least 18-point type and printed or stamped as an overprint or a rubber stamp impression in a contrasting color.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.635	Excess Insurance: If a policy contains a provision that no benefits 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"/>	
627.6419	An insurer may not deny the issuance or renewal of, or cancel, a policy of accident or health insurance, nor include any exception or exclusion of benefits in a policy, solely because the insured has been diagnosed as having a fibrocystic condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(1)(a)	Pre-Existing Conditions: Enrollment date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.6561(1)(b)	Pre-Existing Conditions: Late enrollee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(1)(c)	Pre-Existing Conditions: Waiting period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(2)(a)	Pre-Existing Conditions: Conditions within the 6-month period ending on the enrollment date; extending for a period of not more than 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(2)(b)	Pre-Existing Conditions: For late enrollees extending for a period of 18 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(2)(c)	Pre-Existing Conditions: For Groups of fewer than two employees: Conditions within the 24 month period ending on the effective date; extending for a period of not more than 24 months. NOTE: For a late enrollee; extending a period of 24 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(2)(c)	Pre-Existing Conditions: Credit recognized for prior group or individual hospital or medical services contracts per section(5)(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(4)(b)	Pre-Existing Conditions: A period of creditable coverage may not be counted if an enrollment under a group plan is not within a 63 day period of prior individual or group health insurance contract per section (6)(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65615	Special Enrollment Periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6562(1)(a)(b)	Dependent Coverage: A dependent must be covered at least until the end of the calendar year in which the child reaches the age of 25, if the child meets the following: The child is dependent upon the policyholder or certificateholder for support and the child is living in the household, or the child is a full-time or part-time student.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65625	Prohibiting discrimination against individual participants and beneficiaries based on health status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(1)(b)	Required provisions for group health insurance policies: A certificate must be furnished to the policyholder for delivery to the employee or member setting forth the essential features of the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(1)(c)	Required provisions for group health insurance policies: A provision that new members or employees may be added to the group in accordance with the policy provision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(2)	Each policy shall include the following provision: F.S. 627.610 Notice of Claim.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(2)	Each policy shall include the following provision: F.S. 627.612 Proof of Loss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(2)	Each policy shall include the following provision: F.S. 627.613 Time of Payment of Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.657(2)	Each policy shall include the following provision: F.S. 627.616 Legal Actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.6571	Guaranteed renewability: Coverage is required by an insurer except for the reasons outlined in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65735	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"/>	
627.6574	Maternity Care: If the contract provides coverage for maternity benefits then it must also provide for the services of certified nurse-midwives, licensed midwives and the services of birth centers and post delivery care for a mother and her newborn infant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65745	Coverage must be provided for all medically appropriate and necessary equipment, supplies, and diabetes outpatient self-management training and educational services used to treat diabetes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6575	Newborn Coverage: 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. A newborn is covered for sickness, injury, medically diagnosed congenital birth defects, birth abnormalities, prematurity and transportation cost up to \$1000, if medically necessary. The coverage for a newborn of a covered family member terminates at age 18 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65755	General anesthesia and hospitalization for necessary dental expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6578	Coverage for adopted children: A policy providing coverage for a member of the family of the insured shall also provide that health insurance benefits for children shall be payable for an adopted child from the time of placement in the residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6579	Child Health Supervision Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6612	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"/>	
627.66121	A policy may not limit inpatient coverage for mastectomies and must provide coverage for outpatient post-surgical follow-up care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.66122	Routine follow-up care for a person who has been determined to be previously free of cancer does not constitute medical advise, diagnosis, care, or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6613(a)	Coverage for Mammograms: A baseline mammogram for women age 35 to 39.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6615	Handicapped Children: Continuation of coverage. 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 shall continue to be covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.6616	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"/>	
627.6617	Home Health Care Services: A group policy providing coverage on an expense-incurred basis shall provide coverage for home health care by a home health care agency licensed pursuant to Chapter 400. Such coverage may be limited to a treatment plan prescribed by a physician. The services may be performed by a registered nurse, licensed practical nurse, a physical therapist, an occupational therapist or a home health aide. The reimbursement shall be limited to no less than \$1,000 per year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6618	Payment of Acupuncture Benefits: A policy providing coverage for acupuncture must cover services of an acupuncturist certified under Chapter 457 under the same conditions that apply to services of a licensed physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(7)	627.645(1) Denial of health insurance claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(8)	627.6471 Preferred Provider Organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(9)	627.6472 Exclusive Provider Organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(10)	627.6473 Combined Preferred Provider and Exclusive Provider policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6645	Notification to insured of cancellation, expiration, nonrenewal or change in rates: The insurer must give the policyholder at least 45 days advance notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.667	Extension of Benefits. Based on total disability will be at least for the following periods of time: A. Hospital/Medical - 90 days B. Major Medical - 12 months C. Dental - 90 days D. Maternity - period of that pregnancy E. Dental and Maternity shall not be based on total disability F. Disability Income: Reasonable Extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6675	Conversion on termination of eligibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.668	Mental and Nervous disorders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.669	Substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6691	Coverage for osteoporosis, screening, diagnosis, treatment and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.66911	Cleft lip and cleft palate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	