



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**BLANKET HEALTH CONTRACT CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Page #
627.413(1)(a)	Contents of policy, in general: Every policy shall specify 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 specify the subject (type) of the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(c)	Contents of policy, in general: Every policy shall specify 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 specify the time the insurance takes effect and the period it is to continue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(e)	Contents of policy, in general: Every policy shall specify the premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(f)	Contents of policy, in general: Every policy shall specify 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 or original issue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.4131	Telephone number 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 form shall contain the signature of a company official.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.419	Construction of policies must include the services of the providers listed.	<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"/>	
627.4234(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: Audits of provider 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"/>	
627.4234(7)	Expense Incurred Contracts to include Cost Containment Provisions: Any measure expected to have an affect toward containing health insurance cost.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.4235	Coordination of Benefits: All group hospital, medical or surgical expense policies must contain 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 investigate, 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"/>	
627.429	Contract shall not specifically limit or exclude AIDS.	<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 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"/>	
627.6561(1)	Pre-Existing Conditions: Definitions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6561(3)(a)	Pre-Existing Conditions: Creditable Coverage 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"/>	
627.6562(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"/>	
627.65735	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 a contract which provides coverage for family members. A newborn child of the insured or covered family member is covered from the moment of birth until. A newborn is covered for sickness, injury, medically diagnosed congenital birth defects, birth abnormalities, prematurity and transportation cost up to \$1,000, if medically necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.65755	General anesthesia and hospitalization for necessary dental expense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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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. 660(4)	This statute requires the following provisions in Blanket Contract: 627.610 Notice of Claim; 627.612 Proof of Loss 627.613 Time of Payment of Claims; 627.614 Payment of Claims; 627.616 Legal Actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.660(6)	This statute requires the following provisions in Blanket Contract: A written certificate setting forth the essential features of the insurance coverage, filed according to § 627.410 and 627.640, will be furnished for contracts issued to a school system.	<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 advice, diagnosis, care or treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6613	Coverage for Mammograms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
627.662(2)	Identification numbers and deductible stamp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(3)	627.635 Excess Insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(4)	627.638 Direct payment for Hospital, Medical Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(5)	627.640 Filing of Classification and Rates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(6)	627.645(1) Denial of Health Insurance Claims.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.662(8)	627.6471 Preferred Provider.	<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"/>	
627.664	Assignment of incidents of ownership allows the insured to make an assignment of any or all parts of his incidents of ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6646	No insurer shall cancel or non-renew a health contract of any insured because of diagnosis or treatment of human immunodeficiency virus infection or acquired immune deficiency syndrome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.666	Liabilities of succeeding insurer include level of benefits, credit for deductibles, waiting period, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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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"/>	
627.6691	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"/>	