



**OFFICE OF INSURANCE REGULATION**

*Life & Health Product Review*

**FRANCHISE OUTLINE OF COVERAGE CHECKLIST**

Statute/Rule	Description	Yes	No	N/A	Page #
69O-154.106(1)	“Basic Hospital Expense Insurance” is a policy of accident and health insurance which provides coverage for a period of not less than 31 days during any one period of confinement for each person insured under the policy for the expense incurred for necessary treatment and services rendered as a result of an injury or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(1)(a)	Basic Hospital Expense Insurance: Daily room and board - not less than the semi-private rate or not less than \$30 per day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(1)(b)	Basic Hospital Expense Insurance: Miscellaneous hospital service not less than ten times the daily hospital room and board benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(1)(c)	Basic Hospital Expense Insurance: Hospital outpatient services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(2)	Basic Medical Expense Insurance: Covers expenses incurred for the necessary services rendered by a physician for treatment of an injury or sickness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(3)(a)	Basic Surgical Expense Insurance: Surgical procedures and endoscopic procedures. Rule doesn't include – clarify intent of corrective procedures including any preoperative and postoperative care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(3)(b)	Anesthetic services and related expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(4)	Hospital Confinement Indemnity Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(5)(a)	Major Medical Expense Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(5)(b)	Major Medical required coverage includes: (1) Hospital room and board expenses; (2) Miscellaneous hospital services; (3) Surgical fees; (4) Anesthetic services; (5) Doctor visits in or out of hospital; (6) Out of hospital diagnostic x-rays and tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(6)	Disability Income Protection Insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(7)	Accident Only Insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(8)	Limited Benefit Insurance: (a) Specified Disease Insurance; (b) Specified Accident Coverage; (c) Limited Benefit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(9)	Supplemental Insurance: Provides benefits less than minimum standards. Must prominently state it does not meet the requirements of minimum standards for the category involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(10)	Non-conventional Coverage: A contract that does not fall in any of the categories in subsections (1) through (9) of Rule 69O-154.106 and is either experimental in nature or is demonstrated to be a type coverage that will fulfill a reasonable need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.106(11)	Home Service Health Coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(1)	Outline of Coverage Required - A certification of delivery by the agent or an acknowledgment of receipt by the applicant either in the application or a separate form.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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69O-154.107(2)(a)	Outline of Coverage shall include: Company name and principal address.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(2)(b)	Outline of Coverage shall include: Policy form number described by the Outline and Category of coverage as found in Rule 69O-154.106(1)-(11).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(2)(c)	Outline of Coverage shall include: Description of each of the principal benefits and coverages including the benefit amounts, duration or limits, elimination periods, inner limits and any other items appropriate to the coverage provided.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(2)(d)	Description of the terms and conditions of renewability, including any limitations by age, time or event, right to change premiums, status requirements and any other matter appropriate to the terms and conditions of renewability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(2)(e)	Description of the principal exceptions, reductions and limitations including pre-existing conditions if any, and the circumstances under which any reduction provisions become operative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.107(2)(f)	A statement that the Outline of Coverage is a summary of the policy and is not the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.642(2)(f)	If the policy provides home health care benefits, a statement that such benefits are provided must be in the policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	