



FRANCHISE HEALTH CONTRACT CHECKLIST

Statute/Rule	Description	Yes	No	N/A	Page #
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"/>	
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. One Period of Confinement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(1)	Standards for policy provisions: Terms of Renewability.	<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(5)	Standards for policy provisions: Pre-Existing Condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(6)	Standards for policy provisions: 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(7)	Standards for policy provisions: Limitations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(8)	Standards for policy provisions: Exceptions, Exclusions and Reductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(9)	Standards for policy provisions: Elimination period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(10)	Standards for policy provisions: Recurrent conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
69O-154.105(11)	Standards for policy provisions: Conversion privileges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.412	Standard Provisions: The policy/ contract shall contain standard or uniform provisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(a)	Contents of policy: 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: Every policy shall specify the subject (type) of insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(c)	Contents of policy: Every policy shall specify the risk insured against.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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627.413(1)(d)	Contents of policy: Every policy shall specify 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: Every policy shall specify the premium.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(f)	Contents of policy: Every policy shall specify the conditions pertaining to the insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.413(1)(g)	Contents of policy: 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"/>	
627.413(4)	Contents of policy: Every policy shall contain letters or numbers identifying it.	<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"/>	
627.414	Additional Policy Contents: A policy may contain additional provisions not inconsistent with the Florida Insurance Code that are required by the insurer's domicile or desired by the insurer and not prohibited by law or in conflict with any provisions required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.416	Execution of policies: Every insurance policy 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"/>	
627.4232	Out-of-Hospital Benefits: Treatment performed outside the hospital will be covered 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"/>	
627.4234(2)	Expense incurred Contracts to include Cost Containment Provisions: Deductible amounts.	<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 bill.	<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"/>	



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627.4234(7)	Expense incurred Contracts to include Cost Containment Provisions: Any measure expected to have an effect towards containing health insurance cost.	<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"/>	
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 on the grounds that the drug hasn't been approved by the FDA for that particular indication.	<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(1)(a)	Scope, 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, Format of Policy: The time it takes effect and terminates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(c)	Scope, Format of Policy: The persons who are insured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(d)	Scope, Format of Policy: Requires at least 10-point type.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(e)	Scope, Format of Policy: Requires listing of exceptions and reductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.602(1)(f)	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)	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"/>	
627.603	Optional Death Benefits: A health policy may include a provision for paying a death benefit from any cause not to exceed \$1,000. There is 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. 10 days notice is required 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"/>	



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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"/>	
627.606	The Entire Contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.607	The Time Limit of Certain Defenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.608	Grace Period.	<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"/>	
627.614	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 continues until the end of the period for which the premium was paid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6471	Contracts for Reduced Rates of Payment: An insurer may enter into contracts for alternative or reduced rates of payment with licensed health care providers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6401	Refunds for person age 64: If a person is 64 years of age and pays a premium (annual or semiannual) that pays for coverage beyond age 65 and the coverage terminates or reduces at age 65, the insurer shall refund the excess premium.	<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"/>	
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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627.6416	Child Health Supervision Services: A contract providing coverage for a member of the family must also provide that the health insurance benefits applicable for children include coverage for child health supervision services from the moment of birth to age 16 years.	<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(a)	Coverage for Mammograms: A baseline mammogram for women age 35 to 39 inclusive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6418(b)	Coverage for Mammograms: A mammogram for women age 40 to 49, every two years or more frequently based on the patient's physician's recommendation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6418(c)	Coverage for Mammograms: A mammogram every year for women age 50 and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.6418(d)	Coverage for Mammograms: One or more a year based on a physician recommendation for any woman who is at risk for breast cancer because of personal or family history.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
627.64193	Cleft lip or 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"/>	
627.645	Hospital to include rehabilitative facilities.	<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.	<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"/>	
627.65755	Anesthesia and Dental Coverage.	<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(6)	627.613 Time payment of claims.	<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"/>	



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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"/>	