



Form No: _____

Kentucky Department of Insurance

Health Product Review

Group Limited Health Benefit Plan Checklist

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
General Requirements					
EXCHANGE CERTIFIED:	<p>Is this product intended to be considered an Exchange Certified Pediatric Dental?</p> <p>If so, check here and see the Exchange Certified section below for additional information on these plans.</p>				
NETWORK NAME:	<p>List the name of the network this product will utilize and whether this network has been approved.</p>	<p>NETWORK NAME: _____</p> <p>Approval Date: _____</p>			
KRS 304.14-120 806 KAR 14:007	Form Filing Requirements – All policies must comply with the requirements of this statute and regulation for approval to be granted for use in Kentucky.				
KRS 304.14-430	<p>Cover Page: All insurance policies shall contain as the first page or first page of text a cover sheet or sheets as provided in this statute,</p> <ul style="list-style-type: none"> • including a statement that the policy is the legal contract, • the “Read Your Policy Carefully” statement, • an index, • a brief summary of the extent and type of coverages in the policy. 				
KRS 304.14-440 KRS 304.14-450 806 KAR 14:121 Section 5	Flesch and Readability Standards – All forms other than applications must obtain a 40 flesch score in accordance with the regulation. Riders/Endorsements/Amendments/Insert pages may be scored with the policy to obtain the 40 flesch score.				
KRS 304.18-020	Group – Yes/No Does the group meet the definitions of one of the groups listed in this statute?				
KRS 304.18-030(1)	Representations – Statements are required to be representations not warranties.				
KRS 304.18-030(2)	Benefits Summary – A summary of benefits provided by the policy/certificate must be included.				
KRS 304.18-030(3)	Additional Enrollees – A provision to allow additional enrollees must be included.				
Grievance and Appeals					
KRS 304.17A-607 KRS 304.17A-605(1) KRS 304.17A-600 KRS 307.17A-603 KRS 304.17A-609 KRS 304.17A-611 KRS 304.17A-613 KRS 304.17A-615	<p>UR Registration - An insurer shall not provide or perform utilization reviews without being registered with the Department.</p> <p>Utilization Review – Limited Health Services Benefit Plans must comply with the requirements of these statutes and regulations.</p>				
	PLEASE PROVIDE NAME OF UR AGENT OR THIRD PARTY UR AGENT:				
KRS 304.17C-030(2)(g)	Internal Appeal Disclosure - Must disclose the availability of an internal appeal process.				
806 KAR 17:280 Section (8)	Internal Appeal Timeframe - Standard internal appeal decision must be provided as outlined in these sites (within 30				

Group Limited Health Benefit Plan Checklist (continued)

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
	calendar days decision)				
Mandated Benefits					
KRS 304.18-032	Newborn - Newborn children covered from moment of birth. Notice of birth and premium payment may be required within 31 days from the date of birth in order to continue coverage beyond 31 days if payment of premium is required to add a child.				
KRS 304.17C-040	Provider Availability – A limited health service benefit plan that uses a provider network shall have a network available to all persons enrolled within thirty (30) minutes or thirty (30) miles of enrollee’s work or home.				
KRS 304.17C-110	Provider payment - Payment for optometrist/ chiropractor must be the same as physician or osteopath				
KRS 304.12-235(1)	Claims Payment - Claims must be paid not more than 30 days				
KRS 304.17C-090	Dental Claims Payment – All dental claims must be paid not more than 30 days				
KRS 304.18-050	Readjustment of Premium - Contract may provide for the adjustment of the premium rate based on anniversary				
KRS 304.18-040 806 KAR18:020	Direct Payment - Payments may be made directly to the service provider; however, it may NOT require services be rendered by a particular provider				
KRS 304.14-230(1)	Electronic Delivery - The policy may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy.				
EXCHANGE CERTIFIED PLANS PEDIATRIC DENTAL					
Actuarial Certifications	The actuarial certifications for the High/Low plans must be submitted with the form filing. The insurers are not required to offer both a high and low plan for 2017.				
PEDIATRIC DENTAL	The breakdown for the required limits/frequency/ limitations for the acceptable Pediatric Dental is listed on the KENTUCKY BENCHMARK PEDIATRIC DENTAL BENEFIT CHECKLIST – Please attach this checklist to the filing as well.				
	Schedules of Benefits – The Department is not allowing variability in the schedules of benefits that would affect the rates/premiums/actuarial certification.				
2017 Kentucky Benchmark	Pediatric Dental Services (See 2017 Kentucky Benchmark Dental Checklist for specific benefits) <ul style="list-style-type: none"> • Out of Pocket Maximum: \$350 for one child coverage and \$700 for two or more children coverage Coverage must be provided through the end of the month the member turns 21.				
45 CFR Part 156.230(b) KRS 304.4-010 806 KAR 4:010(25) (26)(27) KRS 304.14-120 806 KAR 14:007	All Stand Alone Dental Plans need to file with the Department a Dental Provider Directory in accordance with the 2017 Final Benefit and Payment Parameters Regulation				

Group Limited Health Benefit Plan Checklist (continued)

(Checklist must be submitted with filing – attach as a PDF if filing electronically via SERFF)

Statute/Rule	Description	Yes	No	N/A	Page #
Prohibited Provisions					
<u>KRS 417.050(2)</u>	Arbitration – arbitration is not allowed in Kentucky insurance contracts.				
<u>KRS 304.5-160</u>	Abortion - Health insurance contracts cannot cover abortion except by optional rider for which there must be paid an additional premium.				
<u>KRS 304.12-013</u>	AIDS/HIV – Health insurance policies/certificates may not limit, reduce or exclude AIDS-related benefits				
<u>KRS 304.12-250</u>	Work-Related Exclusion – Health insurance policies/certificates cannot exclude work-related conditions unless the claimant is eligible for benefits under any workers compensation.				
<u>KRS 304.14-170</u>	Charter/By-laws - The charter, bylaws or other constituent documents of the insurer should not be included in the policy (Does not apply to Fraternal Benefit Society filings.)				
<u>KRS 304.14-370</u> <u>KRS 304.14-380</u>	Jurisdiction of Courts/Venue of Suits – All policies must comply with this statute.				
<u>806 KAR 18:020</u>	25% Differential for Non-HMO companies - Health insurers cannot offer contracts containing preferred provider arrangements where the difference between amounts payable for preferred provider and a non-preferred provider exceed 25 percent. Provider directories and plan information must be provided upon request.				