



Form No: _____

Kentucky Department of Insurance

Health Product Review

Individual 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 304.14-140 KRS 304.14-150 KRS 304.14-160 KRS 304.14-360 KRS 304.17-030 KRS 304.17-040	Standard Provisions/Construction of Policies – All policies must conform to the requirements of these statutes in format and content. Format of Policy/Required Provisions – all individual policies must conform to the requirements in this statute.				
KRS 304.17-380 806 KAR 17:070 806 KAR 14:007	Filing of Rates – All individual policies must have a rate filing submitted in a separate filing and the rate filing must be approved prior to marketing of the product.				
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 304.17-170	Free Look/Right to Examine – All policies must allow the insured at least a 10 day free look provision in accordance with this statute.				
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.				
KRS 304.17-050 KRS 304.14-180	Entire Contract – All individual policies must contain a provision as outlined in these statutes.				
KRS 304.17-060 KRS 304.17-370	<p>Contestability – The policy cannot be contested for misstatements, except for fraudulent misstatements after three (3) years from the date of the application.</p> <p>Incontestability after Reinstatement – A policy shall only be contestable on account of fraud or material misrepresentation on the reinstatement application and limited to the same time period of the policy.</p>				

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KRS 304.17-070	Grace Period – All policies must contain a grace period of not less than 30 days.				
KRS 307.17-080	Reinstatement – All policies must contain a reinstatement provision in compliance with this statute including the limitation of collecting only 60 days of back premium.				
KRS 304.17-090	Notice of Claim – All policies must contain a provision requiring claims to be filed within 60 days.				
KRS 304.17-100	Claim Forms – The insurer must provide a claim form within 15 days or accept written proof covering the occurrence, the character, and the extent of the loss from the claimant.				
KRS 304.17-110	Proof of Loss – All policies must contain a provision concerning that the proof of loss is 90 days or 1 year if not reasonable to provide the proof of loss.				
KRS 304.17-130	Payment of Claims at Death – All policies must contain a provision for the payment of indemnity for the loss of life in accordance with this statute.				
KRS 304.17-140	Physical Examination & Autopsy – All policies must contain a provision concerning physical examination and autopsy in compliance with this statute.				
KRS 304.17-150	Legal Actions – All policies must contain a provision in accordance with the timeframes in this statute. (60 days after proof of loss or no longer than 3 yrs.)				
KRS 304.17-160	Beneficiary Change – All policies must contain a provision that allows the insured to change beneficiaries in accordance with this statute.				
KRS 304.17-270	Right to Refuse Renewal – All policies must contain a provision in compliance with this statute relating to the right to refuse renewability.				
KRS 304.17-415 KRS 304.12-190 806 KAR 17:010	Refund of Unearned Premium – All unearned premium must be refunded to the insurer/policyholder without limitation except for the reduction for claims paid.				
KRS 304.17-120 KRS 304.17C-090 KRS 304.12-235 806 KAR 17:360 806 KAR 12:092	Time of Payment of Claims- All claims must be paid in thirty (30) days, after 30 days must pay interest on claim				
Grievance and Appeals					
KRS 304.17-412 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	UR Registration - An insurer shall not provide or perform utilization reviews without being registered with the Department. Utilization Review – Limited Health Services Benefit Plans must comply with the requirements of these statutes and regulations.				
	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 calendar days)				
Mandated Benefits					
KRS 304.17-042	Newborn - Newborn children covered from moment of birth.				

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	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 304.17-310	Dependent coverage - Dependents may be covered in accordance with this statute.				
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				
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 				
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				
Prohibited Provisions					
KRS 417.050	Arbitration – arbitration is not allowed in Kentucky insurance contracts.				
KRS 304.5-160	Abortion - Health insurance contracts cannot cover abortion except by optional rider for which there must be paid an additional premium.				
KRS 304.12-013	AIDS/HIV – Health insurance policies/certificates may not limit, reduce or exclude AIDS-related benefits				
KRS 304.12-250	Work-Related Exclusion – Health insurance policies/certificates cannot exclude work-related conditions unless the claimant is eligible for benefits under any workers compensation.				
KRS 304.14-170 KRS 304.17-030(7)	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.)				
KRS 304.14-370 KRS 304.14-380	Jurisdiction of Courts/Venue of Suits – All policies must comply with this statute.				

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<u>806 KAR 17:050</u>	Medicaid Eligibility – Coverage cannot be limited, canceled, or deny coverage because a proposed insured is eligible for Medicaid				
<u>Advisory Opinion 2010-01</u>	Discretionary Clauses - The Department does not allow Discretionary Clauses in insurance policies.				
<u>KRS 304.17-360</u>	Surviving or Continuing Contingency – Benefits or values for surviving or continuing policyholder cannot be contingent upon termination or lapse of other policyholders.				