



# Form No: \_\_\_\_\_

## Kentucky Department of Insurance

### *Health Product Review*

### **GROUP NON-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 #
<b>General Requirements</b>					
<a href="#">KRS 304.14-120</a> <a href="#">806 KAR 14:007</a>	<b>Form Filing Requirements</b> – All policies must comply with the requirements of this statute and regulation for approval to be granted for use in Kentucky.				
<a href="#">KRS 304.14-430</a>	<b>Cover Page:</b> All insurance policies shall contain as the first page or first page of text a cover sheet or sheets as provided in this statute, <ul style="list-style-type: none"> <li>• including a statement that the policy is the legal contract,</li> <li>• the “Read Your Policy Carefully” statement,</li> <li>• an index,</li> <li>• a brief summary of the extent and type of coverages in the policy.</li> </ul>				
<a href="#">DOI IMPLEMENTATION UPDATE</a>	<b>Non-Essential Minimum Coverage Disclosure</b> – The Department is requesting that all products that provide coverage for sickness to disclose on the cover page of the policy that the product is not considered Minimum Essential Coverage.				
<a href="#">KRS 304.14-440</a> <a href="#">KRS 304.14-450</a> <a href="#">806 KAR 14:121</a> <a href="#">Section 5</a>	<b>Flesch and Readability Standards</b> – 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.				
<a href="#">KRS 304.18-020</a>	<b>Group – Yes/No</b> Does the group meet the definitions of one of the groups listed in this statute?				
<a href="#">KRS 304.18-030(1)</a>	<b>Representations</b> – Statements are required to be representations not warranties.				
<a href="#">KRS 304.18-030(2)</a>	<b>Benefits Summary</b> – A summary of benefits provided by the policy/certificate must be included.				
<a href="#">KRS 304.18-030(3)</a>	<b>Additional Enrollees</b> – A provision to allow additional enrollees must be included.				
<a href="#">KRS 304.18-045</a> <a href="#">KRS 304.17A-617</a> <a href="#">KRS 304.17A-619</a>	<b>UR Registration</b> - An insurer shall not provide or perform utilization reviews without being registered with the Department.  <b>Utilization Review</b> – Blanket Insurance Plans must comply with the requirements of these statutes and regulations if they provide coverage for hospital benefits.				

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	<p style="color: red;"><b>PLEASE PROVIDE NAME OF UR AGENT OR THIRD PARTY UR AGENT:</b></p> <p style="color: red;">If using a 3<sup>rd</sup> party UR agent, verify that the licensed entity is listed as a client on the 3<sup>rd</sup> party’s registration with the Department’s Utilization Review Branch.</p>				
<b>Kentucky Mandated Benefits</b>					
<a href="#"><u>KRS 304.18-032</u></a>	<b>Newborn</b> - Coverage for newborn children is required for the first 31 days. Notice of birth and premium payment may be required to continue coverage beyond the first 31 days.				
<a href="#"><u>KRS 304.18-098</u></a>	<b>Mammogram</b> - For expense-incurred policies/certificates, the mandated mammography screening outlined in the statute must be included.				
<a href="#"><u>KRS 304.18-098 &amp; KRS 304.17-316(2)(b)</u></a>	<b>Expanded Mammogram</b> - For expense-incurred policies/certificates, the expanded mammogram coverage required for insureds of any age with a diagnosis of breast cancer must be included.				
<a href="#"><u>KRS 304.18-110</u></a>	<b>Continuation</b> - All group health insurance is required to provide continuation of group coverage in accordance with the statute.				
<b>Bulletin 86-8</b>	<b>COBRA</b> - All groups required to provide COBRA coverage must adhere to this Bulletin.				
<a href="#"><u>KRS 304.18-126(4)(b) Advisory Opinion 2010-03</u></a>	<b>Extension of Benefits</b> - All group policies/certificates must provide a reasonable extension of benefits for total disability when the group changes carriers in accordance with the statute.				
<a href="#"><u>KRS 304.18-127</u></a>	<b>Liability Transfer</b> - All group policies/certificates must comply with the requirements of transfer of liability in accordance with the statute.				
<a href="#"><u>KRS 304.18-035</u></a>	<b>Ambulatory Surgical Centers</b> - For expense-incurred policies/certificates, the mandated ambulatory surgical centers coverage must be provided as outlined in the statute.				
<b>HIPAA</b>	<b>Mental Health Parity</b> - Mental Health Parity (cannot put maximum limits on mental health coverage in large groups) Mental health offering if elected is more comprehensive than HIPAA				
<a href="#"><u>KRS 304.18-0363</u></a>	<b>Provider Coverage</b> - For expense-incurred policies/certificates, the mandated coverage for services of licensed psychologist or licensed clinical social worker must be provided in accordance with the statute.				
<a href="#"><u>KRS 304.18-0985</u></a>	<b>Breast Cancer</b> - For expense-incurred policies/certificate, the mandated coverage for the treatment of breast cancer must be provided in accordance with the statute.				
<a href="#"><u>KRS 304.18-0365</u></a>	<b>TMJ</b> - For expense-incurred policies/certificates, the mandated coverage for treatment of Temporomandibular joint disorders (TMJ) and craniomandibular jaw disorders must be provided in accordance with the statute.				
<a href="#"><u>KRS 304.18-095 &amp; KRS 304.18-097</u></a>	<b>Health Care Provider/Provider Defined</b> - All group health insurance policies/certificates must define doctor to include optometrists, osteopaths, physicians, chiropractors, podiatrists, and dentists.				
<a href="#"><u>KRS 304.18-033</u></a>	<b>Nursery Care</b> - For expense-incurred policies/certificates an offer to purchase well newborn nursery care coverage for routine nursery care for up to five days – N/A if routine nursery care is already provided in the contract.				

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<a href="#">KRS 304.18-036</a>	<b>Mental Health Offer</b> - All group policies/certificates issued in Kentucky must include an offer of coverage for inpatient and outpatient treatment of mental illness as defined in the statute at the same extent and degree as physical.				
<a href="#">KRS 304.18-037</a>	<b>Home Health</b> - For expense-incurred policies/certificates issued in Kentucky, an offer to cover home health care must be included with a minimum of 60 visits. N/A if covered for at least 60 visits is already provided in the contract				
<a href="#">KRS 304.18-0983</a>	<b>Mastectomy/Endometrioses/Endometritis/Bone Density Testing</b> - For expense-incurred policies/certificates must provide coverage for medical surgical benefits for mastectomy, diagnosis and treatment of endometrioses and endometritis and bone density testing as outlined in the statute. Mastectomy coverage cannot be required to be on an outpatient basis.				
<b>Labor Law</b>	<b>Maternity</b> - All employer groups with 8 or more employees must provide maternity coverage as required by the Federal Labor Law				
<a href="#">KRS 304.18-040</a> <a href="#">806 KAR 18:020</a>	<b>Direct Payment</b> - Payments may be made directly to the service provider instead of the insured. It may NOT require services be rendered by a particular provider.				
<a href="#">KRS 304.14-230(1)</a>	<b>Electronic Delivery</b> - The policy/certificate may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy/certificate.				
<b>Prohibited Provisions</b>					
<a href="#">KRS 304.5-160</a>	<b>Abortion</b> - Health insurance contracts cannot cover abortion except by rider.				
<a href="#">KRS 304.12-013(5)(a) &amp; (b)</a>	<b>AIDS/HIV</b> - Health insurance policies/certificates may not limit, reduce or exclude AIDS related benefits				
<a href="#">KRS 304.12-250</a>	<b>Work-Related Exclusion</b> - Health insurance policies/certificate cannot exclude work-related conditions unless the claimant is eligible for benefits under any workers' compensation.				
<a href="#">806 KAR 18:020</a>	<b>25% Differential for Non-HMO</b> - No group policies/certificates issued as a PPO/HMO can offer contracts containing preferred provider arrangements where the difference between amounts payable for preferred provider and a non-preferred provider exceed twenty-five percent. Provider directories and plan information must be provided upon request.				
<a href="#">KRS 304.14-170</a>	<b>Charter/Bylaws</b> - The charter, bylaws or other constituent documents of the insurer should not be included in the policy <b>(Does not apply to Fraternal Benefit Society filings.)</b>				
<a href="#">Advisory Opinion 2010-01</a>	<b>Discretionary Clauses</b> - The Department does not allow Discretionary Clauses in insurance policies.				

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