



Form No:

Kentucky Department of Insurance

Health Product Review

Individual Short Term Limited Duration 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					
<p>29 CFR 2590.701-2 45 CFR 144.103</p>	<p>Definition: Short term, limited duration insurance means health insurance coverage provided pursuant to a contract with an issuer that:</p> <p>(1) Has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and, taking into account renewals or extensions, has a duration of no longer than 36 months in total; and</p> <p>(2) Include the required prominent disclosure in 14 point font in the application and any contract as identified below.</p>				
<p>KRS 304.14-120 KRS 304.14-130 806 KAR 14:007</p>	<p>Form Filing Requirements – All policies must comply with the requirements of this statute and regulation for approval to be granted for use in Kentucky. Policy forms may be disapproved if the benefits provided therein are unreasonable in relation to the premium charged.</p> <p>All form revisions must comply with 806 KAR 14:007(6) and include a letter of explanation.</p>				
<p>KRS 304.14-140 KRS 304.14-150 KRS 304.14-160 KRS 304.14-360 KRS 304.17-030 KRS 304.17-040</p>	<p>Standard Provisions/Construction of Policies – All policies must conform to the requirements of these statutes in format and content.</p> <p>Format of Policy/Required Provisions – all individual policies must conform to the requirements in these statutes, including KRS 304.17-050 to 304.17-160. Due to federal requirements, the required disclosure shall be in 14 point font.</p>				
<p>KRS 304.17-380 806 KAR 17:070 806 KAR 14:007</p>	<p>Filing of Rates – All short-term limited duration policies must have a rate filing submitted in a separate filing and the rate filing must be approved prior to marketing of the product.</p>				
<p>KRS 304.14-430</p>	<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, 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.</p>				

<p>29 CFR 2590.701-2 45 CFR 144.103</p>	<p>Disclosure – The Department requires all short term limited duration products include the following disclosure in at least 14 point font on the application and contract:</p> <p>“This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.”</p> <p>All short term limited duration policies issued prior to January 1, 2019 must include the following disclosure in addition to the above:</p> <p>“Also, this coverage is not ‘minimum essential coverage.’ If you don’t have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.”</p>				
<p>KRS 304.14-440, KRS 304.14-450, 806 KAR 14:121 Section 5</p>	<p>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.</p>				
<p>KRS 304.17-170</p>	<p>Free Look/Right to Examine – All policies must allow the insured at least a 10 day free look provision in accordance with this statute.</p>				
<p>KRS 304.14-230(1)</p>	<p>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.</p>				
<p>KRS 304.17-050 KRS 304.14-180</p>	<p>Entire Contract – All short term limited duration policies must contain a provision as outlined in these statutes.</p>				
<p>KRS 304.17-060 KRS 304.17-370</p>	<p>Contestability – The policy cannot be contested for misstatements, except for fraudulent misstatements after three (3) years from the date of the application. 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>				
<p>KRS 304.17-070</p>	<p>Grace Period – All policies must contain a grace period based on the frequency of premium payment (i.e., weekly, monthly, or otherwise.).</p>				
<p>KRS 304.17-080</p>	<p>Reinstatement – All policies must contain a reinstatement provision in compliance with this statute including the limitation of collecting only 60 days of back premium.</p>				
<p>KRS 304.17-090</p>	<p>Notice of Claim – All policies must contain a provision requiring claims to be filed within 60 days.</p>				

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 requiring the proof of loss to be furnished within 90 days of loss or 1 year if not reasonable to provide the proof of loss within time period.				
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. (Not before 60 days after proof of loss and no longer than 3 yrs.)				
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. A refusal of renewal shall be without prejudice to any claim originating while the policy is in force. Highlight the renewability provision to inform consumers.				
KRS 304.17-415 KRS 304.12-190	Refund of Unearned Premium – All unearned premium must be refunded to the insurer/policyholder without limitation except for the reduction for claims paid.				
KRS 304.12-235 806 KAR 12:092	Time of Payment of Claims- All claims must be paid in thirty (30) days, after 30 days insurer must pay interest on claim (12% per annum from the expiration of the 30 day period).				
KRS 304.17-412 KRS 304.17A-617 KRS 304.17A-619	UR Registration - An insurer shall not provide or perform utilization reviews without being registered with the Department. Utilization Review – Individual Health Insurance Plans must comply with the requirements of these statutes and regulations if they provide coverage for hospital benefits.				
	PLEASE PROVIDE NAME OF UR AGENT OR THIRD PARTY UR AGENT: If using a 3 rd party UR agent, verify that the licensed entity is listed as a client on the 3 rd party's registration with the Department's Utilization Review Branch.				
Mandated Benefits					
KRS 304.17-042	Newborn – All short term limited duration policies shall provide coverage of newborn children 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 304.17-310	Dependent coverage - Dependents may be covered in accordance with this statute.				
KRS 304.17-305	Provider Payment – Must pay providers in accordance with this statute based on the scope of practice/license				
KRS 304.17-315	Dentist Payment – Must pay providers in accordance with this statute based on the scope of practice/license				
KRS 304.17-316	Mammography – All short term limited duration policies must cover mammograms in accordance with this statute.				
KRS 304.17-3165	Autologous Bone Marrow – All short term limited duration policies that provide coverage for the treatment of breast cancer must provide coverage for autologous bone marrow transplantation or stem cell transplantation.				

KRS 304.17-317	Ambulatory Surgical Centers – All short term limited duration policies must cover ambulatory surgical centers in accordance with this statute.				
KRS 304.17-3185	Licensed Psychologists/Licensed Clinical Social Workers – All short term limited duration policies must pay in accordance with this statute.				
KRS 304.17-319	TMJ Coverage – If coverage is provided for surgical or nonsurgical treatment of skeletal disorders, the short term limited duration policy shall provide coverage for medically necessary TMJ in accordance with statute.				
KRS 304.17-185	Nursery Care – All short term limited duration policies providing maternity benefits must offer coverage of up to 5 full days in the nursery in accordance with this statute.				
KRS 304.17-313	Home Health Care – All short term limited duration policies must offer home health benefits in accordance with this statute.				
KRS 304.17-3163	Breast Reconstruction/Endometriosis/Endometritis/Bone Density – All short term limited duration policies must make available and offer coverage for these items in accordance with this statute.				
KRS 304.17-3163(2)	Mastectomy Coverage – All short term limited duration policies cannot require this coverage to be provided on an outpatient basis in accordance with this statute.				
KRS 304.17-3163(3)	Mastectomy- The insurer shall provide notice of available medical and surgical benefits with respect to mastectomy upon enrollment and annually.				
KRS 304.17-318	Mental Illness – All short term limited duration policies must offer mental illness coverage in accordance with this statute.				
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.				
KRS 304.14-370 KRS 304.14-380	Jurisdiction of Courts/Venue of Suits – All policies must comply with this statute.				
806 KAR 17:050	Medicaid Eligibility – Coverage cannot be limited, canceled, or deny coverage because a proposed insured is eligible for Medicaid				
Advisory Opinion 2010-01	Discretionary Clauses - The Department does not allow Discretionary Clauses in insurance policies.				
KRS 304.17-360	Surviving or Continuing Contingency – Benefits or values for surviving or continuing policyholder cannot be contingent upon termination or lapse of other policyholders.				