Form No: _____

Kentucky Department of Insurance

Health Product Review

GRANDFATHERED INDIVIDUAL HEALTH BENEFIT PLAN* (MAJOR MEDICAL COVERAGE) CHECKLIST

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

Statute/Rule	Description	Yes	No	Page #
General Requirements				
KRS 304.14-120 806 KAR 14:007 KRS 304.38-050	**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 KRS 304.38-080	**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 304.17A-095 KRS 304.17A-0952	**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	**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.			
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	**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.			
KRS 304.17-070 KRS 304.17A-243	**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			

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Statute/Rule	Description	Yes	No	Page #
	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 304.17A-095(4)	**12 Month Rate Guarantee** – All policies must contain a 12 month rate guarantee at the rate in effect on the date of issue or date of renewal			
KRS 304.17A-005(11)	**Eligible Individual Defined** – All policies must contain a definition of eligible individual as outlined in this statute.			
KRS 304.17A-245	**Cancellation Requirements** – All policies must adhere to the provisions of this statute concerning the cancellation of a policy.			
KRS 304.17A-500	**Additional Required Definitions** – All policies must contain definitions for a covered person, grievance, insurer, record, and utilization management.			
KRS 304.17A-643(2) KRS 304.17A-641	**Continued Care** – All policies must contain a provision to allow continued care with a provider that is no longer participating in compliance with these statutes.			
KRS 304.17A-240(2)	**Guaranteed Renewal -** Except as provided in this section an insurer shall renew or continue in force a health benefit plan at the option of the insured.			
KRS 304.17A-240(3)	**Discontinuation -** If the insurer decides to discontinue offering a particular type of health benefit this section outlines the required notices.			
KRS 304.17A-250(7) KRS 304.18-085 806 KAR 18:030 KRS 304.38-185	**Coordination of Benefits -** All health benefit plans must coordinate benefits with other health benefit plans in accordance with this statutes and regulation.			
KRS 304.17-415 KRS 304.12-190 KRS 304.17A-245 806 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.			

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Statute/Rule	Description	Yes	No	Page #
KRS 304.17-120 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 Organ transplant claims must be paid within 60 calendar days.			
Grievance and Appeals				
KRS 304.17-412 KRS 304.38-225	**Utilization Review Requirements** – All insurers must comply with the statute if they provide for utilization review of benefits.			
KRS 304.17A-607	**UR Registration -** An insurer shall not provide or perform utilization reviews without being registered with the Department.	**UTILIZATION REVIEW AGENT:**		
KRS 304.17A-617 Bulletin 2011-08	**Internal Appeal Disclosure -** Must disclose the availability of an internal appeal process.			
KRS 304.17A-623 Bulletin 2011-04	**External Appeal Disclosure -** Must disclose the availability of an external review of an adverse determination or coverage denial with a medical issue by an independent review entity certified by the Department.			
KRS 304.17A-617(2)(a)(b) 806 KAR 17:280	**Internal Appeal Timeframe -** Standard internal appeal decision must be provided within 30 calendar days or maximum of 72 hours for an expedited review decision			
KRS 304.17A-617(2) KRS 304.17A-623(3)	**External Appeal -** Guidelines for requesting an external review – four months			
KRS 304.17A-600(1) KRS 304.17A-617(1) Bulletin 2011-04	Definition of "adverse benefit determination" and Definition of "coverage denial"			
806 KAR 17:280 Section 4 806 KAR 17:290 Section 2 Bulletin 2011-08	**Appeal Instructions -** Instructions for requesting an oral (expedited) or written (non-expedited) appeal, including the position & telephone number of a contact person who can provide information relating to an internal or external appeal			
KRS 304.17A-625(5) KRS 304.17A-623(5) Bulletin 2011-04	**External Appeal Cost -** Notification that the insurer will be responsible for the cost of the external review; however, the covered person will be assessed a filing fee of $25, which may be waived in case of financial hardship or refunded if the external review decision favors the covered person.			
KRS 304.17A-623(4)	**Appeal Medical Authorization -** Authorization for the independent review entity to access all relevant medical records from both the insurer & any provider			
KRS 304.17A-623(9)	**Confidentially for External Appeal -** A statement relating to the confidentiality of medical records and external review process.			
Kentucky Mandated Benefits				
KRS 304.17A-139 KRS 304.17-042 KRS 304.38-199	**Newborn -** 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.			
KRS 304.17A-140	**Adopted -** Coverage required the same for legally adopted children or any child for which the insured is a court-appointed guardian as a natural child.			
KRS 304.17-317	**Ambulatory Surgical Centers** – All policies providing			

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	coverage must provide coverage for healthcare treatment in an Ambulatory Surgical center.			
KRS 304.17A-005(23)	**Health Care Provider/Provider Defined -** All health insurance policies must define doctor to include optometrists, osteopaths, physicians, chiropractors, and dentists.			
KRS 304.17-305, KRS 304.17-3185 KRS 304.17-315 KRS 304.17A-173 KRS 304.38-196 KRS 304.38-1933 KRS 304.38-195 KRS 304.38-1955	**Payments for Certain Providers** – All policies must pay optometrists, osteopaths, physicians, chiropractors or podiatrists; for services for licensed psychologists or licensed clinical social workers; and services for dentists as outlined in these statutes.			
KRS 304.17A-505 KRS 304.17A-540	**Limitations/Exclusions -** Limits on coverage of any treatment, procedure, a drug, or devise shall be defined and fully disclosed in the policy and/or certificate.			
KRS 304.17A-095(6)(a)(b)	**Minimum Loss Ratio** – If a Health Benefit Plan is offered with a minimum loss ratio it must comply with these two sections.			
KRS 304.17A-098	**Rewards/Wellness Incentives –** Items outlined in this statute are not considered inappropriate inducement if disclosed in the policy; however, must make allowances for members with medical conditions, must be voluntary.			
KRS 304.17A-146	**Registered Nurse First Assistant Coverage –** If coverage for a surgical first assistant must also cover registered nurse first assistant			
KRS 304.17A-147 KRS 304.17A-1473	**Certified Surgical Assistant/Physician Assistant –** If a health plan covers surgical first assisting it must cover a certified surgical assistant or physician assistant.			
KRS 304.17A-149	**Dental Procedure Anesthesia –** All health benefit plans must cover anesthesia for dental procedures in accordance with this statute.			
KRS 304.17A-175 KRS 304.17A-177	**Copayment for Chiropractor, Optometrist, Occupational or Physical Therapist –** Copayment or coinsurance for a chiropractor, optometrist, occupational or physical therapist must be no greater than the copayment or coinsurance of a physician or osteopath			
KRS 304.17A-254 KRS 304.17A-510 KRS 304.17A-590	**Provider Directories –** All health benefit plans that utilize a network of providers must provide upon request a current provider directory to insureds in accordance with these two statutes.			
KRS 304.17A-535 KRS 304.17A-505(j) 806 KAR 17:250	**Drug Formulary –** All health benefit plans that utilize a drug formulary must provide this listing to the insureds upon request, provide for a waiver program, limitations on generic substitution in accordance with this statute and regulation			
KRS 304.17A-550	**Out of Network Benefits –** Managed care plans must offer a health benefit plan with out-of-network benefits in accordance with this statute.			
KRS 304.17A-647	**OB/GYN Access without Referral –** All health benefit plans cannot require a referral for annual pap.			
KRS 304.17A-645	**Referral from PCP limitation** – A PCP can make a referral for up to 12 months or for the contract period, whichever is shorter for a covered person with a chronic, disabling, congenital, or life threatening condition			

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Statute/Rule	Description	Yes	No	Page #
KRS 441.052	**Incarcerated Persons Coverage** – All policies must provide coverage for incarcerated persons who have NOT been convicted of a felony in accordance with this statute.			
KRS 304.17-310 KRS 304.17A-140	**Dependent coverage -** Dependents may be covered to age 26 without restrictions on marital, financial, or student status.			
KRS 304.17A-640 KRS 304.17A-641(1)	**Emergency Room Coverage** – Must provide coverage for emergency room visits in accordance with these statutes.			
KRS 304.17A-145	**Maternity Coverage –** coverage, if offered, must meet the requirements of these statutes. If the group is larger than 8 it must provide maternity.			
KRS 304.17-185	**Nursery Care –** An offer to purchase coverage for routine nursery care for up to 5 days – N/A if routine nursery care is in the contract.			
KRS 304.17A-661	**Mental Health Parity** – All mental health services must be offered and if offered, must meet mental health parity requirements. **Alcoholism Coverage** – must be offered and if offered, must meet the requirements of these statutes.			
KRS 304.17A-148	**Diabetes** – Coverage for diabetes must be provided as outlined in this statute.			
KRS 304.17A-258	**Therapeutic Food/PKU –** therapeutic food, formulas, supplements, & low-protein modified food products for inborn error of metabolism & genetic conditions (prior authorization requirements)			
KRS 304.17A-163 KRS 304.17A-535 806 KAR 17:250 KRS 304.17A-165	**Step Therapy Override** - All health benefit plans must have an override of restrictions on medication sequence in step therapy or fail-first protocol			
KRS 304.17A-132	**Hearing Aids and Related Services** (for Members under 18 years of age) – must cover one hearing aid per hearing impaired year every 36 months			
KRS 304.17-313	**Home Health Care Services –** must cover at least 60 visits per year. The minimum to be considered a visit is four (4) hours.			
KRS 304.17A-141 KRS 304.17A-143 806 KAR 17:460	**Autism Spectrum Disorder** – coverage is for 1 through 21 year olds. Maximum $1,000 per month			
806 KAR 17:490 KRS 304.17A-250(6)	**Hospice** - All health benefit plans must cover Hospice at least equal to Medicare benefits. **Cannot apply deductible unless the plan design is a High Deductible Health Plan w/an HSA.**			
KRS 304.17-316 KRS 304.17A-133 KRS 304.38-1935	**Mammography** – All expense incurred health insurance policies must cover mammograms in accordance with this statute.			
KRS 304.18-098	**Expanded Mammography** - Expanded mammogram coverage required for insureds of any age with a diagnosis of breast cancer must be included.			

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Statute/Rule	Description	Yes	No	Page #
KRS 304.17A-257	**Colorectal -** Coverage for colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines **EFFECTIVE: 01-01-2016 – At no cost share**			
KRS 304.17A-131	**Cochlear -** All plans shall provide coverage for cochlear implants for persons diagnosed with profound hearing impairment.			
KRS 304.18-0983 KRS 304.17A-134 KRS 304.38-1936	**Mastectomy/Endometrioses/Endometritis/Bone Density Testing -**For expense-incurred policies 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.			
KRS 304.17A-136	**Cancer Clinical Trials coverage –** Health benefit plans cannot exclude coverage for routine patient healthcare costs that are incurred in the course of a cancer clinical trial as outlined in this statute.			
KRS 304.17A-135 KRS 304.18-0985 KRS 304.38-1936	**Breast Cancer -** The mandated coverage for the treatment of breast cancer must be provided in accordance with the statute.			
KRS 304.17-319 806 KAR 17:090 KRS 304.38-1937	**TMJ - T**he mandated coverage for treatment of Temporomandibular joint disorders (TMJ) and craniomandibular jaw disorders must be provided in accordance with the statute.			
KRS 304.17A-172	**Anti-Cancer Medications Coverage** – All health benefit plans that cover anti-cancer medications shall not require a higher copayment, deductible, or coinsurance amount than it requires for injected or intravenously administered antic-cancer medications. The health plan is deemed in compliance if they do not impost a cost share of more than $100 per 30 day prescription.			
KRS 304.17A-168	**Tobacco Cessation Medications & Services** – All health benefit plans must provide coverage for all USFDA approved tobacco cessation medications recommended by the US Preventive Task Force including counseling and medications without a limitation on the attempts per benefit period and at no cost share. UR can be required after 2 attempts per benefit period.			
Prohibited Provisions				
KRS 304.5-160	**Abortion -** Health insurance contracts cannot cover abortion except by rider except by an optional rider for which there must be paid an additional premium			
KRS 304.12-013(5)(a) & (b)	**AIDS/HIV** - Health insurance policies/certificates may not limit, reduce or exclude AIDS related benefits			
KRS 417.050	**Arbitration** – Insurance contracts cannot contain arbitration clauses.			
KRS 304.12-250	**Work-Related Exclusion** - Health insurance policies/certificate cannot exclude work-related conditions unless the claimant is eligible for benefits under any workers' compensation.			
KRS 304.14-170 KRS 304.17-	**Charter/By-laws** - The charter, bylaws or other constituent documents of the insurer should not be			

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Statute/Rule	Description	Yes	No	Page #
030(7)	included in the policy **(Does not apply to Fraternal Benefit Society filings.)**			
KRS 304.17A-155 KRS 304.12-211	**Domestic Violence** – Cannot deny coverage, refuse to issue or renew, cancel or otherwise terminate, restrict, or exclude any person from a health benefit plan on the basis the person is a victim of domestic violence and abuse.			
KRS 304.14-370 KRS 304.14-380	**Jurisdiction of Courts/Venue of Suits** – All policies must comply with this statute.			
KRS 304.17A-138 806 KAR 17:270	**Telehealth Exclusion** - A Health Benefit Plan shall not exclude a service from coverage solely because the service is provided through Telehealth services.			
806 KAR 18:020 Section 2	**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.			
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.			

***Licensed Health Maintenance Organizations (HMO) must comply with all of the KRS 304.38 code site references. Non-HMO licensed entities do not have to comply with KRS 304.38 code site references.**