



Form No: _____

Kentucky Department of Insurance

Health Product Review

Individual 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 #
General Requirements					
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	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.				
	Non-Essential Minimum Coverage Disclosure – 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.				
DOI Implementation Update	HOSPITAL INDEMNITY/OTHER FIXED INDEMNITY PRODUCTS: “THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.” Requesting the above ACA disclosure or a substantial similar disclosure indicating the product does not meet minimum essential coverage be prominent displayed on the cover page of 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				

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	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	Grace Period – All policies must contain a grace period of not less than 30 days.				
KRS 304.17-080	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 304.12-235 806 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				
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:				

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	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					
<u>KRS 304.17-042</u>	Newborn – All expense incurred health insurance plans - 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.				
<u>KRS 304.17-310</u>	Dependent coverage - Dependents may be covered in accordance with this statute.				
<u>KRS 304.17-305</u>	Provider Payment – Must pay providers in accordance with this statute based on the scope of practice/license				
<u>KRS 304.17-315</u>	Dentist Payment – Must pay providers in accordance with this statute based on the scope of practice/license				
<u>KRS 304.17-316</u>	Mammography – All expense incurred health insurance policies must cover mammograms in accordance with this statute.				
<u>KRS 304.17-3165</u>	Autologous Bone Marrow – All expense incurred health insurance plans that provide coverage for the treatment of breast cancer must provide coverage for autologous bone marrow transplantation or stem cell transplantation.				
<u>KRS 304.17-317</u>	Ambulatory Surgical Centers – All expense incurred health insurance policies must cover ambulatory surgical centers in accordance with this statute.				
<u>KRS 304.17-3185</u>	Licensed Psychologists/Licensed Clinical Social Workers – All expense incurred health insurance policies must pay in accordance with this statute.				
<u>KRS 304.17-319</u>	TMJ Coverage				
<u>KRS 304.17-185</u>	Nursery Care – All expense incurred health insurance policies must offer coverage of up to 5 full days in the nursery in accordance with this statute.				
<u>KRS 304.17-313</u>	Home Health Care – All expense incurred health insurance policies must offer home health benefits in accordance with this statute.				
<u>KRS 304.17-3163</u>	Breast Reconstruction/Endometriosis/Endometritis/Bone Density – All expense incurred health insurance policies must provide coverage for these items in accordance with this statute.				
<u>KRS 304.17-3163(2)</u>	Mastectomy Coverage – All expense incurred health insurance policies cannot require this coverage to be provided on an outpatient basis in accordance with this statute.				
<u>KRS 304.17-318</u>	Mental Illness – All general health insurance policies must offer mental illness coverage in accordance with this statute.				
<u>806 KAR 17:030</u>	Surgical Care Schedule – If a policy contains a limited surgical benefit the policy must indicate in unequivocal language that indemnity will be paid only for the listed operations and the amount to be paid in accordance with this regulation.				
Prohibited Provisions					
<u>KRS 417.050</u>	Arbitration – arbitration is not allowed in Kentucky insurance contracts.				
<u>KRS 304.5-160</u>	Abortion - Health insurance contracts cannot cover abortion				

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	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> <u>KRS 304.17-030(7)</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 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.				