



**Missouri Department of Insurance, Financial Institutions & Professional Registration
Insurance Market Regulation Division
Life & Health Section**

<http://insurance.mo.gov/industry/filings/lh/index.php>

Company Name: _____

Lead Form # as it appears in SERFF: _____

This form will be used in the following markets (please indicate all that apply):			
Large Group <input type="checkbox"/>	Small Group <input type="checkbox"/>	Individual <input type="checkbox"/>	
If the filing is used in a group or group type market, please indicate all that apply:			
Employer/(Single)Employer Trust; 376.421.1(1) <input type="checkbox"/>	Association; 376.421.1(5) <input type="checkbox"/>		
Creditor; 376.421.1(2) <input type="checkbox"/>	Assoc. Sm. & Large Empl.; 376.421.1(5)(e) <input type="checkbox"/>		
Labor Union; 376.421.1(3) <input type="checkbox"/>	Credit Union; 376.421.1(6) <input type="checkbox"/>		
Trust (MET, etc.); 376.421(4) <input type="checkbox"/>	Discretionary; 376.421.2 <input type="checkbox"/>		

This list is in no way an exhaustive or complete statement of all requirements and provisions that might be applicable. This checklist is a representation of general provisions and objections and should not be construed as a legal position or legal advice. Please refer to the statutes and regulations for exact wording of requirements or prohibitions. The language within the Missouri Statutes and Regulations always prevails over this checklist.

Description of Provisions for Stand – alone dental plans Type of Insurance (TOI) code H10			
Subject	Citation	Summary	Location in Contract: Section &/or Page number required

Filing Submissions

Filing Submissions	See Filing Guidelines & 20 CSR 400-8.200	Procedures for filing all policy forms	
General Description	20 CSR 400-8.200(3)(C)	Brief, detailed description of benefits, purpose, and intended market. Disclose if form is new or a replacement. If amendment/rider, the policy it will go with. Information should be stated on the General Information tab in SERFF.	
Separate Submissions	20 CSR 400-8.200(3)(E)&(F)	Group must be filed separate from individual.	
Form Number	20 CSR 400-8.200(3)(I)	Each form must have a form number assigned by the submitting company in the lower left corner of the face page or first page.	

**Insurance Company Policy Form Requirements
(NOT APPLICABLE to licensed Pre-Paid Dental Plans under chapter 354)**

Free Look	20 CSR 400-2.010	10 day free look period for all individual and discretionary group policy forms	
Government Hospital	20 CSR 400-2.020	Hospital indemnity contracts not affected by confinement in government hospital	



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Definitions	20 CSR 400-2.060(2)	Definitions for Hospital, Alcohol treatment facility, Intensive care unit	
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**Insurance Company Elements of coverage required
(NOT APPLICABLE to licensed Pre-Paid Dental Plans under chapter 354)**

Insured in the Military	20 CSR 400-2.060(3) (A)	If benefits are not provided for those who joined the military; pro-rata unearned refund	
Benefits reduced	20 CSR 400-2.060(3)	If benefits are reduced due to age, policy must disclose in conspicuous print and location	
Government hospital	20 CSR 400-2.060(3)(D)	Hospital reimbursement contracts not affected by confinement in government hospital	
Calculating benefits payable	20 CSR 400-2.060(3)(E)	Deductible shall be applied to allowable expenses prior to applicable coinsurance	
Prohibited Language	20 CSR 400-2.060(3)(F)	Prohibits "accidental means" tests. Review Reg. for <u>additional</u> specific prohibited exclusions	
Alcoholism	20 CSR 400-2.060(3)(G)	Coverage for treatment of alcoholism – large groups refer to federal parity requirements	
Certificate - group	20 CSR 400-2.060(4) (A)	Certificate of Coverage to be delivered must be submitted for approval with master policy	
Variables - group	20 CSR 400-2.060(4) (B)	With accompanying statement, master contracts may be filed with variable wording	
Total Disability defined	20 CSR 400-2.060(4) (C)	Minimum standard for definition of Total Disability	
Residual Disability	20 CSR 400-2.060(4) (D)	Shall be defined in relation to the insured's reduction in earnings	
Suicide exclusion	20 CSR 400-2.060(4) (F)	May <u>not</u> exclude coverage for attempted suicide while insane	
Excluded occupational injuries	20 CSR 400-2.060(4) (G)	May exclude injuries arising in the course of employment	
Group health filings	20 CSR 400-2.130	True or discretionary group as defined in 376.421 .	
Disclosure	375.924	Company address and telephone number	
Utilization Review and Grievance Procedures	376.1350-376.1389	If the Dental Plan includes a participating network of providers, the Dental Plan must comply with UR and Grievance Procedures.	

GROUP Insurance Company Dental Plans

**Required provisions specific to GROUP Insurance Company Dental Plan forms
(NOT APPLICABLE to licensed Pre-Paid Dental Plans under chapter 354)**

Grace period	376.426	Grace period provision (31 days)	
Incontestability	376.426	Validity of the policy shall not be contested after it has been in force for 2 years from date of issue	
Evidence of individual insurability	376.426	Conditions, if any, for which the insurer reserves the right to require evidence of insurability	
Preexisting conditions	376.426	Exclusion or limitation may only apply to condition which medical advice or treatment was received during 12 months prior...	



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Misstatement of age	376.426	Amount of coverage to equal amount premium would have purchased at actual age at issue	
Certificate required	376.426 (7)	Insurer shall deliver to policy holder, to give to insured persons, a certificate of coverage's	
Notice of claim	376.426	Provision: written notice of claim must be given to insurer within 20 days after occurrence. Failure to send written notice may not invalidate a claim.	
Claim forms	376.426	Insurer shall furnish forms for proof of loss within 15 days of request	
Proof of claim	376.426	Written proof of loss for disability claim within 90 days – no later than 1 year after first 90 days; “Except in the absence of legal capacity”	
Time benefits are payable	376.426	Benefits payable within 30 days and/or not less frequently than monthly	
To whom benefits are payable	376.426	Benefits payable to beneficiary, estate, or minor.	
Autopsy	376.426	Examination and autopsy at company expense	
Legal action	376.426	No action at law prior to 60 days; within 3yrs	
Termination of policy	376.426	Provision: conditions for which the policy may be terminated	
Limiting age - handicapped children	376.426	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the certificate holder	
Dependent coverage	376.426	Coverage provided for dependents who are no more than 25 years old	
Insuring Debtors	376.426	Issuance of a certificate to each debtor describing coverage.	
Non-covered Services	376.1226	No carrier contract with a dentist shall require the dentist accept a fee established by the carrier for non-covered services.	

INDIVIDUAL Insurance Company Dental Plans

**Required provisions specific to INDIVIDUAL Insurance Company Dental Plan forms
(NOT APPLICABLE to licensed Pre-Paid Dental Plans under chapter 354)**

Limiting age - handicapped children	376.776.2	Attainment of the limiting age for dependent children. Coverage for dependents chiefly dependent upon the policyholder	
Dependent coverage	376.776.3	Coverage provided for dependents who are no more than 25 years old	
Entire contract; changes	376.777.1	Policy, endorsements, attached application(s) constitute the entire contract. "no change shall be valid until approved by an officer and attached"	
Time limit on certain defenses	376.777.1	Incontestability	
Grace period	376.777.1	Grace period provision: 31 days for monthly premiums. Not less than 7 days for weekly	
Reinstatement	376.777.1	Provision indicating the reinstatement of the policy	



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Notice of claim	376.777.1	Written notice of claim given to insurer within 20 days after occurrence	
Claim forms	376.777.1	Shall furnish claimant with forms within 15 days. Actions deem to comply	
Proofs of loss	376.777.1	Within 90 days of the date of loss. Shall not be reduced	
Time of payment of claims	376.777.1	Provision indicating the immediate payment of claim upon receipt of written proof of loss	
Payment of claims	376.777.1	Provision indicating benefits payable in accordance with beneficiary designation	
Physical examinations & autopsy	376.777.1	Examination and autopsy at company expense	
Legal action	376.777.1	No action at law prior to 60 days; within 3yrs	
Change of beneficiary	376.777.1	Provision indicating the right to change beneficiary, unless irrevocable	
Extension of Benefits - group	376.438	Provision for extension of benefits in the event of total disability at the date of any termination	
Change of Occupation	376.777.2 (1)	If insured changes occupation to one that is classified by insurer as more (or less) hazardous	
Misstatement of Age	376.777.2 (2)	If insurers age is misstated, amounts payable shall be as the premium would have purchased at the correct age	
Insurance with Other Insurers	376.777.2 (3)	Accident and sickness policy previously issued by the insurer	
Insurance with Other Insurers	376.777.2 (4)	Other valid coverage providing benefits for the same loss. "Expense Incurred Benefits". <i>"In applying the foregoing policy provision no third party liability coverage shall be included as "other valid coverage".</i>	
Insurance with Other Insurers	376.777.2 (5)	Other valid coverage providing benefits for the same loss. "Other Benefits"	
Relation of Earnings to Insurance	376.777.2 (6)	Provision indicating the insurers liability in proportion to amount of earnings	
Unpaid Premium	376.777.2 (7)	Any premium due and unpaid may be deducted from the payment of a claim	
Cancellation	376.777.2 (8)	Written notice, delivered to insured's last known address	
Conformity with State Statutes	376.777.2 (9)	Any provision which is in conflict with statutes of the state which insured resides, policy is amended to conform	
Illegal Occupation	376.777.2 (10)	Insurer shall not be liable for loss which contributing cause was an attempt to commit a felony or engaged in an illegal occupation	
Intoxicants and Narcotics	376.777.2 (11)	Insurer shall not be liable for loss sustained by insured being intoxicated of any narcotic unless administered on the advice of a physician.	
Non-covered Services	376.1226	No carrier contract with a dentist shall require the dentist accept a fee established by the carrier for non-covered services.	



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**Required Provisions for Licensed Pre-Paid Dental Plans policy forms
(NOT APPLICABLE to dental plans offered by insurance companies licensed under chapter 376)**

Benefits covered	354.712	Contracts and certificates shall clearly set out the covered benefits.	
Exclusions, limits and cost sharing	354.712	Any limits, exclusions or cost sharing must be stated in the form.	
Coverage of newborns	354.712	Newborn children must be covered from the moment of birth	
How to obtain covered services	354.712	Information on how to obtain services must be made available	
Enrollee premium	354.712	Enrollee obligations with respect to paying for the coverage	
Complaints	354.715	How to submit a complaint and the complaint review procedures under the plan	
Disclosure	375.924	Company address and telephone number	

**Grievance Procedures & Utilization Review
(For All Plans with a Managed Care Component)**

Definitions	376.1350	Definitions for utilization review and grievances	
Toll free #	376.1361.7	Timely access to review staff by a toll-free number	
Appeal for Drugs and DME	376.1361.10	Right to appeal for coverage of drugs & durable medical equip.	
Authorizations may not be retracted	376.1361.13	Authorization for services may not be reduced or retracted.	
UR Determinations	376.1363	Notification requirements for UR determinations and time frames	
Determination for emergency services	376.1367	No pre-auth for ER, prudent layperson std, post ER admit determinations	
Utilization Review procedures in EOC	376.1372	UR procedures in EOC	
Grievance procedures in EOC	376.1378	Includes statement that enrollee can contact DIFP at any time; grievance procedure not a bar to law suits	
Grievance procedures	376.1382	Guidelines for 1 st level grievance procedure identified;	
Grievance: second level review	376.1385	Guidelines for 2 nd level grievance	
Expedited review	376.1389	Procedure for an expedited review	

Prohibited provisions – all Dental Plans

Ambiguous, misleading provisions	376.405 (group) 376.777 (individual) 354.712 (PPD)	Policy provisions that are uncertain, ambiguous or not reasonably adequate for the protection of those insured will not be approved.
Arbitration	435.350	Arbitration is not allowed in contracts of insurance.
Force Majeure & Acts beyond the	376.405 (group)	Deemed as not reasonably adequate for the protection of the



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company control	376.777 (individual) 354.712 (PPD)	insured – not permitted.
Insert pages not permitted.	See Filing Guidelines and 20 CSR 400-8.200	An insert Page cannot be filed.
Red-lined copies	20 CSR 400-8.200	Any redline copies are not approvable and must be placed on the SERFF “supporting documentation” area.
Rider a Rider,	20 CSR 400-8.200(3)(D)	Companies may not “rider a rider”, endorse and endorsement or amend an amendment.
“Sole Discretion”	376.405 (group) 376.777 (individual) 354.712 (PPD)	Provisions that specifically state the company has sole discretionary power, or words to that effect, are not permitted
Variable Language	20 CSR 400-2.060(4)(B)	Please see Filing Guidelines posted at http://insurance.mo.gov/industry/filings/lh/index.php
Variable Language - Blank pages	376.405 (group) 376.777 (individual) 354.712 (PPD)	Brackets around an entire page constitute a “blank” or generic form – not permitted
Waiting Period	376.405 (group) 376.777 (individual) 354.712 (PPD)	Waiting period during which no benefits are payable – not permitted

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