Indiana Department of Insurance
Company Filing Checklist - Policy Review Standards

20 Small Group Accident & Health
(includes Grandfathered Small Group Major Medical and Dental)

This checklist must be submitted with any form or rate filings for Small Group Accident and Health policies including Grandfathered Major Medical and Dental plans. This checklist is not to be used for HMO plans, non-grandfathered Major Medical or Dental plans or those plans seeking certification for SHOP Exchange participation.

Please attach this completed checklist as a PDF to your electronic filing.

Company Name: _____ NAIC #: _____

Form Number(s): _____ Filing Date: _____

Product Type:

- ☐ **Major Medical**
- ☐ **Dental**
- ☐ **Disablity Income**
- ☐ **Short Term Medical**
- ☐ **Supplemental Plan**
- ☐ **Accident Only**
- ☐ **Vision**
- ☐ **Specific Disease**
- ☐ **Indemnity Only**
- ☐ **Employer Coverage for Medicare Eligible**
- ☐ **Other** _____

Adult Dental: Adult Dental (all dental plans other than Pediatric Stand-Alone Dental plans) should use the Grandfathered Company Filing Checklist (either non-HMO or HMO, as appropriate). It is assumed that Adult Dental plans will not apply for Exchange participation. Contact the Indiana Department of Insurance for further clarification, if needed.

All coverage items marked with a single asterisk (*) must be OFFERED to non-employer based groups.

Some product types may be exempt from certain filing requirements as marked by a double asterisk **.

Requirements in this checklist include:

Instructions:

This document is intended to provide a checklist for form and rate filings of the applicable Accident and Health product. The checklist contains (1) specific requirements/provisions and (2) certifications that the Insurer has acknowledged and is in compliance with particular laws, regulations and bulletins. Additionally, this checklist is intended to provide supplementary information regarding certain laws, regulations and/or bulletins. When providing the completed checklist, the Insurer is expected to address **each** checklist line item in the column labeled "Response" as follows:

- Provide the specific location(s) in the documents provided which address the requirement; or
- Provide an affirmative statement or initial that the certification is being given; or
- Provide an explanation as to why the Insurer believes the item is not applicable for the product submitted for review.

All checklist line items require a response. Failure to provide a fully completed checklist may result in a delay of regulatory approval.

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
General Filing Requirements			
IC 27-1-3-15	**FILING FEES:** The fees are $35 per form plus $35 for rates or the retaliatory fees based on your state of domicile, whichever is greater. Filing fee compliance includes general compliance with SERFF user/filing fees as related to utilizing Electronic Funds Transfer (EFT) payment method.		
IC 27-8-5-1(c)	**PPACA:** Complete the PPACA Uniform Compliance Summary checklist.		
Bulletin 125	**RATE FILING REQUIREMENTS:** All rate filings that involve either an aggregate rate change or a change in the underlying factors utilized to calculate premium MUST submit the applicable Rate Filing Requirements. Rate Filing Requirements must be filed electronically via SERFF. See the IDOI website for filing instructions indicating which Rate Filing Requirements document is applicable to the product being filed.		
Bulletin 125	**FILING DESCRIPTION/COVER/LETTER/NAIC TRANSMITTAL**: Each filing must contain a complete description of the filing using one of these three methods: 1. In SERFF on the General Tab - Filing Description; 2. As a note referring to a Cover Letter; or 3. As a note referring to an NAIC Transmittal Document.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	If using a Cover Letter or NAIC Transmittal, please attach the document to the Supporting Documentation Tab within SERFF. Rate Revisions - If this is a revision of previously filed rates, please provide a detailed list of the proposed changes.		
Bulletin 125	**CONSULTING AUTHORIZATION:** If the filing is submitted by an outside consulting firm, a letter giving authorization to file on behalf of the company. If you are filing for multiple companies, you must submit an authorization from each Company, list each company separately on the cover letter by NAIC #, Company Name and form #. Separate filing/retaliatory fees for each company will be applicable.		
Bulletin 125	**ACKNOWLEDGEMENT:** Insurer acknowledges that all IDOI instructions, checklists and requirements for accident and health rate and/or form filings have been satisfied and are in compliance with PPACA and state requirements.		
Required Provisions	**The following rights of Insurers and insureds must be disclosed in group accident and sickness policies issued in Indiana. Exact wording is not required, as long as the substance matches the statutory language, or is more favorable to the insured or policyholder.**		
IC 27-8-5-2.5 Non-employer groups	**PRE-EXISTING CONDITIONS**: 12 months, but credit must be given for previous small group creditable coverage. 12-month look-back. No permanent waivers.		
IC 27-8-5-19(c)(1)	**GRACE PERIOD**: The policyholder has a grace period of 31 days for payment of premium due, except the first premium. Policy remains in force during the grace period, but Insurer may hold claims incurred during grace period until premium is received.		
IC 27-8-5-19(c)(2)	**INCONTESTABILITY**: Validity of policy may not be contested after 2 years except for a) nonpayment of premiums, or if b) the disputed statement is in a written instrument signed by insured. Ineligibility of insured or enrollee under the policy may be disputed any time.		
IC 27-8-5-19(c)(3)	**COPY OF APPLICATION**: If there is an application, a copy must be attached to the		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	policy at issue. Statements made by persons insured are representations, not warranties, and must be provided to insured persons in case of a dispute.		
IC 27-8-5-19(c)(4)	**EVIDENCE OF INSURABILITY**: Insurers may reserve the right to require individual evidence of insurability as a condition of coverage.		
IC 27-8-5-19(c)(5)	**PRE-EXISTING CONDITION LIMITATIONS**: For policies other than those described in section IC 27-8-5-2.5(a)(1) through 2.5(a)(8), any additional exclusions or limitations for a disease or physical condition that existed before the effective date, a) may apply only if advice or treatment was received during 6 months before effective date and b) may not apply to a loss or disability beginning after 12 months or 18 months if a late enrollee.		
IC 27-8-5-19(c)(6)	**EXCLUSIONS OR LIMITATIONS**: For policies described in IC 27-8-5-2.5(a)(1) through 2.5(a)(8), any additional exclusions or limitations for a disease or physical condition that existed before the effective date, a) may apply only if advice or treatment was received during 365 days before effective date and b) may not apply to a loss or disability beginning after the earlier of: 1) 365 days after effective date of coverage which no medical advice or treatment or 2) 2 years after coverage began.		
IC 27-8-5-19(c)(7)	**MISSTATEMENT OF AGE**: Clear statement of how premiums, benefits or both will be fairly adjusted if covered person's age is misstated and if premiums and benefits vary by age.		
IC 27-8-5-19(c)(8)	**CERTIFICATE**: Insurer must issue to policyholder, for delivery to each insured person, a certificate of coverage explaining the protection, to whom the benefits are payable, and each family member and dependent's coverage. (See below for debtor's certificate.)		
IC 27-8-5-19(c)(9)	**TIMELY NOTICE OF CLAIM**: Insured must provide written notice of claim within 20 days after occurrence or commencement of loss, or as soon as reasonably possible.		
IC 27-8-5-19(c)(10)	**CLAIM FORMS**: Insurer must provide forms for filing proof of loss within 15 days of notice of claim, or claimants can submit their own.		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-8-5-19(c)(11)	**PROOF OF LOSS**: Written proof must be furnished within 90 days of loss. Claim will not be reduced if proof was not reasonably possible but no later than 1 year after requirement.		
IC 27-8-5-19(c)(12) IC 27-8-5-3(a)(8) IC 27-8-5.7	**TIME OF PAYMENT OF CLAIMS**: Payments under this policy for any loss, other than loss for which this policy provides any periodic payment, will be paid immediately upon receipt of due written proof of such loss, **or in accordance with (NEW) Ind. Code Sec. 27-8-5.7, whichever is more favorable to the policyholder**. (If policy provides for a periodic payment it will be paid not less frequently than monthly.) **This provision must reflect compliance with IC 27-8-5.7.** An insurer shall notify a provider of any deficiencies in a submitted claim not more than: 1. thirty (30) days for a claim that is filed electronically; or 2. forty-five (45) days for a claim that is filed on paper.		
IC 27-8-5-19(c)(13)	**BENEFICIARIES**: Loss of life benefits are paid to the beneficiary designated by the insured. If the policy contains conditions pertaining to family status the policy terms apply. All other benefits payable to the person insured. Insurer may also choose to pay up to $5000 to a relative by blood or marriage if beneficiary is an estate or a minor. (Does not apply to policies insuring lives of debtors.)		
IC 27-8-5-19(c)(14)	**PHYSICAL EXAMINATION AND AUTOPSY**: Insurer has the right to examine the person during the pendency of a claim or to conduct an autopsy in case of death, unless prohibited by law.		
IC 27-8-5-19(c)(15)	**LEGAL ACTIONS**: No lawsuit may be filed to recover under the policy before 60 days after proof of loss is filed, and not later than 3 years after proof of loss is required to be filed.		
IC 27-8-5-19(c)(16)	**DEBTOR'S CERTIFICATE**: If policy insures debtors, the Insurer will furnish to policyholder a certificate of insurance for each debtor insured, describing the coverage and benefits payable first to reduce or extinguish indebtedness.		
IC 27-8-5-19	**INTELLECTUALLY DISABLED CHILDREN:** If the policy provides that hospital or medical		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	expense coverage of a dependent child of a group member terminates upon the child's attainment of the limiting age for dependent children as stated in the policy, the policy must also provide that a child's attainment of a limiting age does not terminate the hospital and medical coverage of such child while the child is and continues to be both (a) incapable of self-sustaining employment by reason of mental, intellectual, or physical disability; and (b) chiefly dependent upon the policyholder for support and maintenance. May require that proof of child's incapacity and dependency be furnished to the insurer by the group member within one hundred twenty (120) days of the child's attainment of the limiting age, and subsequently, at reasonable intervals during the two (2) years following the child's attainment of the limiting age.		
IC 27-8-5-19(c)(18)	**GUARANTEED RENEWABILITY**: Indiana requires the portability and guaranteed renewability provisions of HIPAA, P.L.104-191.		
IC 27-8-15-27	**LOOK BACK:** Pre-existing conditions after 9 months, 6 month look back.		
IC 27-8-15-29	**LATE ENROLLEES:** Late Enrollees may have to wait 15 months.		
IC 27-8-15-28	**WAIVER:** Waiver of exclusion and limitation period.		
IC 27-8-28 IC 27-8-29	**GRIEVANCE AND APPEALS PROCEDURES**: Provisions should be provided which describe a three tier process for handling (1) internal grievances, (2) internal appeals, and (3) external appeals, and the related time frames for each tier.		
Bulletin 128	**NOTICE:** Notice to policyholders regarding filing complaints with the Department of Insurance		
Optional Provisions			
760 IAC 1-38.1	Coordination of Benefits – Required language if included		
Group A&H Policies *Must Provide*			
IC 27-8-5-2.5**	Pre-existing conditions after 12 months		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-8-5-15.6(e)	Mental Health Parity, IF mental health benefits offered; Substance abuse parity with mental health parity offered		
IC 27-8-5-21	Adopted children		
IC 27-8-5-26	Breast reconstruction & prosthesis IF mastectomy is covered		
IC 27-8-5-27**	Dental anesthesia/ hospitalization		
IC 27-8-5-28 Bulletin 189	A policy of accident and sickness insurance may not be issued, delivered, amended, or renewed unless the policy provides for coverage of a child of the policyholder or certificate holder, upon request of the policyholder or certificate holder, until the date that the child becomes twenty-six (26) years of age. Indiana Public Law 160-2011 requires Insurers and HMOs that offer dependent coverage to make the coverage available until a child reaches the age of 26. Consistent with the federal law, coverage cannot be restricted regardless of financial dependency, residency, marital status, student status, employment, eligibility for other coverage, or IRS qualification. This requirement applies to natural and adopted children, stepchildren, and children subject to legal guardianship.		
IC 27-8-5-30(h)	**PHARMACY STEP THERAPY EXCEPTION** Company must provide in writing a procedure for use in requesting an exception to a step therapy protocol that includes instructions for making the request and outlines the obligations of the carrier in making the determination and notification of the insured.		
IC 27-8-5.6-2(b)**	Newborns, unless pregnancy pre-existed issuance of policy		
IC 27-8-14**	Mammography * (Baseline, then 1 per year after 40 unless high risk)		
IC 27-8-14.8**	Colorectal cancer screening *		
IC 27-8-14.2-4 Bulletin 136 Bulletin 179	Pervasive development disorders including Autism and Asperger's		
IC 27-8-14.5**	Diabetes treatment, supplies, equipment &		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	education		
IC 27-8-14.7**	Prostate cancer screening * (1 per year after 50 unless high risk)		
IC 27-8-20	Off-label use of certain drugs, IF drugs are covered		
IC 27-8-24-4	Minimum postpartum stay (if maternity benefits are offered) and infant screening tests required by IC 16-41		
IC 27-8-24.1**	Inherited metabolic disease		
IC 27-8-24.2-5	Orthotic and prosthetic devices		
IC 27-8-24.3	Victims of abuse without regard to the abuse		
IC 27-8-26	Individuals without regard to genetic testing		
Bulletin 172	Chemotherapy parity		
760 IAC 1-39-7	AIDS, HIV and related conditions IF other diseases covered (can't be unique exclusion) (Does not apply to specified disease policies)		
IC 27-8-34	**Telemedicine** services means health care services delivered by use of interactive audio, video, or other electronic media, including (a) medical exams and consultations; and (b) behavioral health, including substance abuse evaluations and treatment. A policy must provide coverage for telemedicine at parity for the same health care services delivered in person. Coverage for telemedicine services may not be subject to a dollar limit, deductible, or coinsurance requirement that is less favorable to a covered individual than the dollar limit, deductible, or coinsurance that applies to the same health care services delivered in person. Any annual or lifetime dollar limit that applies to telemedicine services must be the same as the annual or lifetime dollar limit that applies in the aggregate to all items and services covered under the policy.		
Group A&H Policies *Must Offer*			
IC 27-8-14.1**	Coverage for surgical treatment of morbid obesity		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
General Regulatory Issues	**Under the authority provided by IC 27-4-1-4, 27-8-5-1, and 27-8-5-1.5, the Department monitors various issues that have been determined to be unjust, unfair, inequitable, misleading, deceptive, or that encourage misrepresentation of the policy or potentially constitute unfair trade practices. The following issues will also be reviewed.**		
IC 27-8-5-1(c)	**SUMMARY OF BENEFITS COVERAGE:** The Summary of Benefits Coverage must reflect the covered Essential Health Benefits, cost-sharing and Actuarial Value (metal level) that the final approved rates and forms permit. Submission of the Summary is not required as a part of this filing; however, filer must certify to the completion and conformity with regulatory requirements of the Summary.		
IC 27-8-5-1.5(l)(2)	**APPLICATION QUESTIONS:** 1. Questions regarding an applicant's health cannot inquire about non-specific conditions prior to the most recent five years. 2. Questions inquiring if an applicant has had signs or symptoms of a condition are not permitted. 3. Small employer applications may not require applicants declining coverage to complete health questions.		
IC 27-8-5-1.5(l)(2)	**ARBITRATION**: Mandatory and/or binding arbitration provisions are prohibited.		
IC 27-8-5-1.5(l)(2)	**LARGE ENDORSEMENTS:** The Department does not allow use of large or confusing endorsements to bring contracts into compliance. In such cases the entire contract should be refiled to incorporate the multiple changes. On a similar note, Indiana specific certificates should be filed rather than file an endorsement to revise another state's certificate.		
IC 27-8-5-1.5(l)(2)	**OPEN ENDORSEMENTS:** Highly flexible or "blank check" type endorsement forms that provide unlimited ability to revise forms without regulatory review are not allowed.		
IC 27-8-5-1.5(l)(2)	**PROHIBITED PROVISIONS:** The policy form cannot contain provisions that are unjust, unfair, inequitable, misleading, or deceptive, or that encourage misrepresentation of the policy.		
IC 27-8-5-1.5(l)(2)	**PRIVACY OF HEALTH INFORMATION:**		

Statute/Regulation	Requirement	Response	FOR IDOI USE ONLY Yes/No/Comments
	Employers cannot be asked to reveal or certify the accuracy of any knowledge they may have regarding an individual's health condition.		
IC 27-8-5-1.5(l)(2)	**VARIOUS FEES**: Fees charged to accept or process an application are not allowed. One-time fees such as may be charged to issue a policy are acceptable providing they are clearly labeled and accompanied by a disclosure that the fee is fully refundable if the policy is not issued, not taken or returned during the "free look" period.		
IC 27-8-5-19(c)(6) IC 27-8-5-2.5 IC 27-8-15-27	**FIRST MANIFEST LANGUAGE:** Typically first manifest type language creates a permanent exclusion of coverage related to a condition present any time prior to the effective date of coverage contrary to any pre-existing condition provisions included in the form. Such inconsistencies are not permitted.		
Bulletin 103	**FULL AND FINAL DISCRETION**: No full and final discretion clauses except where policy is governed by ERISA.		
Bulletin 106	**FOREIGN LANGUAGE FORMS**: Foreign language forms must comply with Bulletin 106.		

By signing below, I am certifying on behalf of my company pursuant to Ind. Code 27-8-5-1.5(i)(1)(C) that our policy form(s) submitted with this checklist meets all of the applicable requirements of Indiana law and meets all applicable requirements of federal law contained in the Patient Protection and Affordable Care Act. I understand and acknowledge, on behalf of my company, that the Indiana Department of Insurance is relying on this certification in making its determination whether to approve or disapprove this policy filing. If any policy provision is not in compliance with Indiana law or the Patient Protection and Affordable Care Act, the Indiana Department of Insurance may take regulatory action against my company.

Signature:_____

Printed Name:_____

Title: _____

Company: _____

Date: _____