

## NEW HAMPSHIRE CHECKLIST FOR GROUP HEALTH FORMS

Company Name \_\_\_\_\_

Additional Company Names for Multiple Company Filing (Only if using exact same form)

Where Referenced Form/Page/Paragraph	Statute	Title	Summary
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:5 I (3)(a)	Dependent Coverage	"dependent" means a subscriber's child by blood or by law, who: (1) Is less than 26 years of age; (2) Is unmarried; (3) Is a resident of New Hampshire or is enrolled as a student at a public or private institution of higher education; and (4) Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, church plan or health benefits plan, or entitled to benefits under Title XVIII of the Social Security Act, Public Law 89-97, 42 U.S.C. 1395 et seq.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(e)	Non-renewal	A provision stating the conditions under which the insurer may decline to renew the policy.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(i)	Proof of Loss	Written proof of such loss must be furnished to the insurer within one year after the date of such loss in the case of a group Medicare supplement insurance policy or certificate and within 90 days after the date of such loss in the case of any other group accident and health insurance policy or certificate. Failure to furnish such proof within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof and that such proof was furnished as soon as was reasonably possible.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(p)	Grace Period	A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(q)	Part-time Employees	A provision that the insurer shall not exclude part-time employees. A part-time employee shall be any employee who regularly works a minimum of at least 15 hours per week.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(r)	Contestability	A provision that the validity of the policy shall not be contested except for nonpayment of premiums, after it has been in force for 2 years from its date of issue; and that no statement made by a person shall be used in contesting the validity of the insurance, unless it is contained in a written instrument signed by the person making such statement.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(s)	Maternity	A provision that a maternity benefits rider will be made available at the insured's request, if maternity care is not covered under the policy.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 I.(t)(1)	Equitably Entitled To	If any indemnity of this policy or certificate shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity, up to an amount not exceeding \$ ___ (insert an amount which shall not exceed \$1,000), to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the insurer to be equitably entitled thereto.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 V	Disabled Dependent	The coverage of any dependent who is mentally or physically incapable of earning his own living on the date as of which such dependent's status as a covered family member would otherwise expire because of age, shall continue under such policy while such policy remains in force.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 XVI	Continuation	<p>Carriers shall provide continuation of coverage when an individual covered by a plan of group health insurance or a health maintenance organization that provides medical, hospital, dental, and/or surgical expense benefits, loses coverage under the plan. Continuation coverage shall be identical to the coverage provided to other similarly situated members of the group that are still covered by the plan. Periods of coverage shall be as follows: When any individual loses coverage under a group health insurance plan for any reason except dismissal from employment for gross misconduct or carrier termination, coverage shall continue subject to this section for a period of 18 months, unless the individual is eligible for coverage under the following:</p> <p>Whenever the entire group is terminated, coverage shall continue subject to this section for a period of 39 weeks.</p> <p>An individual who is determined to be disabled within the first 60 days of the date such individual loses coverage shall be entitled to 29 months of continuation coverage.</p> <p>Coverage shall continue subject to this section for a period of 36 months if any individual loses coverage under a group health insurance plan for one of the following reasons:</p> <p>Death of a covered employee, divorce or the legal separation of the covered employee or, if the employee's former spouse has been covered pursuant to RSA 415:18, VII-b, the first occurring of any of the following events: The remarriage of the covered employee; The death of the covered employee; The 3-year anniversary of the final decree of divorce or legal separation; or such earlier time as provided by said decree;</p> <p>A substantial loss of coverage by retirees and dependents within one year of the employer filing for protection under the bankruptcy provisions of Title 11 of the United States Code; or</p> <p>A dependent child ceasing to be a dependent child.</p> <p>Eligible for Medicare--When the surviving spouse, divorced spouse, or legally separated spouse is 55 years of age or older and loses coverage because of the death, divorce, or legal separation of the covered employee, coverage shall continue subject to this section until such time as the spouse becomes eligible for participation in another employer-based group plan or becomes eligible for Medicare.</p>
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18 XII (c )	Annual Open Enrollment	Once a group or blanket policy has been issued, the insurer shall provide the group with an annual open enrollment period for late enrollees. During the open enrollment period, any late enrollee shall be permitted to enroll without submitting any evidence of insurability based on medical conditions.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-a I.	Mental Illness	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for expenses arising from the treatment of mental illnesses and emotional disorders .

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-a II.	Mental Illness	In the case of policies or certificates providing benefits for hospital expenses on other than a major medical basis, benefits shall be at least as favorable as benefits provided for any other illness.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-a IV.	Mental Illness	In the case of policies or certificates providing benefits for hospital and medical expenses on a major medical basis, benefits shall be subject to deductibles and coinsurance at least as favorable as those which apply to the benefits for any other illness, provided that benefits payable for expenses incurred in any consecutive 12-month period may be limited to an amount not less than \$3,000 per covered individual, and to a lifetime maximum of not less than \$10,000 per covered individual.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-b	Cancellation or Nonrenewal	The notice of cancellation or nonrenewal or offer of renewal shall be delivered to the group policyholder or mailed to the group policyholder at least 45 days prior to the renewal date of the contract.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-c	Breast Cancer Treatment; Bone Marrow Transplants	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for expenses arising from the treatment of breast cancer by autologous bone marrow transplants according to protocols reviewed and approved by the National Cancer Institute.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-d I.	Scalp Hair Prostheses	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses shall provide coverage for expenses for scalp hair prostheses worn for hair loss suffered as a result of alopecia areata, alopecia totalis, alopecia medicamentosa resulting from the treatment from any form of cancer or leukemia or permanent loss of scalp hair due to injury.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-e I.	Nonprescription Enteral Formulas	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the provision of nonprescription enteral formulas for the treatment of impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length, or motility of the gastrointestinal tract.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-f	Diabetes Treatment	Each insurer that issues or renews any policy, plan or contract of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for medically appropriate and necessary outpatient self-management training and educational services, medically appropriate or necessary insulin, oral agents and equipment used to treat diabetes, medically appropriate or necessary equipment used to treat diabetes.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-g I.	Medical or Hospital Dental Procedures	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide coverage for the medically necessary hospital or surgical day care facility charges and administration of general for dental procedures performed on a covered person who (a) Is a child under the age of 4 or (b) Is a person who has exceptional medical circumstances or a developmental disability which place the person at serious risk.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-h I.	Dental Offices Dental Procedures	Each dental insurer or other similar entity that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide coverage for the administration of general anesthesia administered by a licensed dentist for dental procedures performed in a dentist's office on a covered person who: (a) Is a child under the age of 4 (b) Is a person who has exceptional medical circumstances or a developmental disability which place the person at serious risk.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-i	Coverage for Outpatient Contraceptive	Each insurer that issues or renews any group or blanket policy of accident or health insurance providing benefits for medical or hospital expenses, which provides coverage for outpatient services shall provide coverage for outpatient contraceptive services under the same terms and conditions as for other outpatient services.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-j I.	Off-Label Prescription Drug	No insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses and providing coverage for prescription drugs shall exclude coverage for any such drug for a particular indication on the ground that the drug has not been approved by the Food and Drug Administration (FDA) for that indication, if such drug is recognized for treatment of such indication in one of the standard reference compendia or in the medical literature as recommended by current American Medical Association (AMA) policies.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-k I.	Claims Payment Time Limits	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses for its insured persons shall pay for services rendered by New Hampshire health care providers within 45 calendar days upon receipt of a clean written claim or 15 calendar days upon receipt of a clean electronic claim.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-l II.	Coverage for Clinical Trials	A policy, plan, or contract subject to this section shall provide coverage for all medically necessary routine patient care costs incurred as a result of a treatment being provided in accordance with a clinical trial to the extent such costs would be covered for noninvestigational treatments if the treatment is being provided or the studies are being conducted in a phase I, phase II, phase III, or phase IV clinical trial for cancer or the treatment is being provided for any other life-threatening condition.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:18-n	Coverage for Certain Prosthetic Devices.	Each insurer that issues or renews any individual policy of accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance who are residents of this state, coverage for the provision of benefits for prosthetic devices under the same terms and conditions that apply to other durable medical equipment covered under the policy. An insurer shall not apply amounts paid for prosthetic devices to any annual or lifetime dollar maximum applicable to other durable medical equipment covered under the policy other than an annual or lifetime dollar maximum that applies in the aggregate to all items and services covered under the policy.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415: 18-q	Coverage for Certified Midwives	Each insurer that issues or renews any policy of group or blanket accident or health insurance providing maternity benefits shall also provide to each group, or to the portion of each group comprised of certificate holders of such insurance who are residents of this state, coverage consistent with the terms and conditions of the policy for services rendered by a midwife certified under RSA 326-D. Such coverage shall be subject to each insurer's standards and mechanisms for credentialing and contracting pursuant to RSA 420-J:4 and RSA 420-J:8 respectively, where applicable, and contingent upon services being provided in a licensed health care facility <i>or at home</i> and within the scope of practice of a certified midwife. Benefits provided shall not be subject to any greater co-payment, deductible, or coinsurance than any other similar benefits provided by the insurer.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415: 18-r	Coverage for the Cost of Testing for Bone Marrow Donation	Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for medical or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415: 18-s	Coverage for Children's Early Intervention Therapy Services	Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for medical, rehabilitation, or hospital expenses, shall provide to certificate holders of such insurance, who are residents of this state, coverage for expenses arising from the services of licensed and credentialed occupational therapists, physical therapists, speech-language pathologists, and clinical social workers working with children from birth to 36 months of age with an identified developmental disability and/or delay as long as the providing therapist receives a referral from the child's primary care physician if applicable. The benefits may have a cap of \$3,200 per child per year not to exceed \$9,600 by the child's third birthday.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415-D: I.	Mammography	Any policy of accident and health insurance providing benefits for hospital expense, medical-surgical expense, or major medical expense shall provide: (a) a baseline mammogram for women 35 to 39 years of age. (b) a mammogram every 1 to 2 years, even if no symptoms are present, for women 40 to 49 years of age. (c) an annual mammogram for women 50 years of age or older.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	417-E III.	Biologically-Based Mental Illnesses	The following mental illnesses, shall be covered when benefits provided by RSA 415:18-a are exhausted. (a) Schizophrenia, (b) Schizoaffective disorder, (c) Major depressive disorder, (d) Bipolar disorder, (e) Paranoia and other psychotic disorders, (f) Obsessive-compulsive disorder, (g) Panic disorder, (h) Pervasive developmental disorder or autism.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:22 I.	Newborn Children	All group health insurance policies providing coverage on an expense incurred basis shall provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the insured or subscriber or a newly born child of a dependent child of the insured or subscriber from the moment of birth.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:22-a	Adopted Children	All group health insurance policies which provide coverage for a family member of the insured shall also provide that health insurance benefits applicable for children are payable with respect to any minor from the date such minor is placed in the custody of the insured pursuant to an adoption proceeding
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	420-J:7-b VIII	90-Day Supply of Covered Prescription Drugs	An insurer issuing or renewing accident and health insurance policies shall allow its insureds to purchase an up-to-90-day supply of covered prescription drugs on the covered person's health plan formulary at one time, provided that the insured can demonstrate that such drug has been taken by the insured for a continuous period of one year and provided that such drug is not subject to the health plan's utilization management, prior authorization, or pre-certification requirements.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	457-A	Civil Union	The law provides that partners to a civil union shall have the same benefit protections and responsibilities under the law as are granted to spouses in a marriage.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	RSA 415:18-t	Coverage for Obesity and Morbid Obesity	Coverage for Obesity and Morbid Obesity; <b>Group</b> . Coverage for Obesity and Morbid Obesity; Group. Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses, shall provide to each group, or to the portion of each group comprised of certificate holders of such insurance who are residents of this state, coverage for the diseases and ailments caused by obesity and morbid obesity and treatment for such, including bariatric surgery, when the prescribing physician has issued a written order stating that treatment is medically necessary and in accordance with the patient qualifications and treatment standards set forth by the American Society for Metabolic and Bariatric Surgery or the American College of Surgeons. Such treatment standards may include, but not be limited to, pre-operative psychological screening and counseling, behavior modification, weight loss, exercise regimens, nutritional counseling, and post-operative follow-up, overview, and counseling of dietary, exercise, and lifestyle changes. The covered insured shall be at least 18 years of age. The benefits included in this section shall be subject to the terms and conditions of the policy and shall be no less extensive than coverage provided for similar conditions or illnesses.
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