

NEW HAMPSHIRE REVIEW STANDARD CHECKLIST FOR INDIVIDUAL 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"/> / /	415:6 I.(2)	Time Limit on Certain Defenses	After 2 years from the date of issue of this policy no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(3)	Grace Period	A grace period will be granted for the payment of each premium falling due after the first premium, during which grace period the policy shall continue in force,).
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(4)	Reinstatement	The reinstated policy shall cover only loss resulting from such accidental injury as may be sustained on or after the date of reinstatement and loss due to such sickness as may begin on or after the date of reinstatement.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(5)	Written Notice of Claim	Written notice of claim must be given to the insurer within 20 days after the occurrence or commencement of any loss covered by the policy, or as soon thereafter as is reasonably possible.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(6)	Claim Forms	The insurer, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not furnished within 15 days after the giving of such notice the claimant shall be deemed to have complied
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(7)	Proofs of Loss	Written proof of loss must be furnished to the insurer at its office in case of claim for loss for which this policy provides any periodic payment contingent upon continuing loss within 90 days after the termination of the period for which the insurer is liable and in case of claim for any other loss within one year after the date of such loss in the case of a medicare supplement insurance policy

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(8)	Time of Payment of Claims	Indemnities payable 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.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(9)	Payment of Claims	If any indemnity of this policy 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 \$1000), 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"/> / /	415:6 I.(10)	Physical Examinations and Autopsy	The insurer at its own expense shall have the right and opportunity to examine the person of the insured when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death where it is not forbidden by law.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(11)	Legal Actions	No action at law or in equity shall be brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of 3 years after the time written proof of loss is required to be furnished.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(14)	Refund Upon Cancellation	The insured may cancel the policy at any time by written notice. If the insured cancels, the insurer shall promptly return any unearned portion of the premium paid.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 I.(15)	Pre-certification	A provision as follows: Pre-certification: In the event that a person is covered by more than one plan that requires pre-certification, the member shall obtain pre-certification from the primary plan. Although the member shall not be required to obtain pre-certification from the secondary plan, the secondary plan shall not be required to treat such services as covered services if the services do not meet its certification criteria. The secondary plan shall not refuse payment for such services solely on the basis that the services were not pre-certified by the secondary plan.
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"/> / /	415:6 II(2)	Misstatement of Age	If the age of the insured has been misstated, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 II(3)	Other Insurance with This Insurer	The excess insurance shall be void and all premiums paid for such excess shall be returned. One such policy elected by the insured and the insurer will return all premiums paid for all other such policies.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 II(4)	Insurance with Other Insurers	If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of <u>service basis or an expense incurred basis</u> , payment shall not be prorated or reduced. If such a case, the insured shall be entitled to payment from both insurers. Provided, however, that the provisions of this subparagraph shall not prohibit the issuance of a "benefits deductible" on policies determined by the insurance commissioner as major medical policies. The term "benefits deductible" shall not mean the value of benefits provided with respect to medical or liability insurance offered under either a general liability insurance policy or an auto insurance policy.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6 II(5)	Insurance with Other Insurers	If there be other valid coverage, not with this insurer, providing benefits for the same loss on <u>other than an expense incurred basis</u> , payment shall not be prorated or reduced. In such a case, the insured shall be entitled to payment from both insurers.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6-aa	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"/> / /	415:6-c I.	Nonprescription Enteral Formulas	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 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"/> / /	415:6-c II	Nonprescription Food Products	Coverage for inherited diseases of amino acids and organic acids shall, in addition to the enteral formula, include food products modified to be low protein in an amount not to exceed \$1,800 annually for any insured individual.
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6-d	Maternity Benefit Rider	Insurer shall offer the insured the option of including a maternity benefits rider if maternity care is not covered under the policy
N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6-e	Diabetes Treatment Coverage	Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing benefits for plan, or contract of accident or health insurance providing benefits for medical or hospital expenses which provides for durable medical equipment coverage shall provide coverage for medically appropriate or necessary equipment used to treat diabetes subject to the terms and conditions of the policy.

N/A <input type="checkbox"/> Why No <input type="checkbox"/> Yes <input type="checkbox"/> / /	415:6-g I.	Off-label Prescription Drug Coverage	No insurer that issues or renews any individual policy of 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"/> / /	415:6-h I.	Claims Payment Time Limits	Each insurer that issues or renews any individual policy of 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"/> / /	415:6-j	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"/> / /	415:6-l	Coverage for Certified Midwives	Coverage for Certified Midwives; Individual. Each insurer that issues or renews any individual policy, plan, or contract of accident or health insurance providing maternity benefits, shall also provide to 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 or at home 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"/> / /	415:6-m	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"/> / /	415:6-n	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"/> / /	415:11	Alteration of Application	No alteration of any written application for insurance, by erasure, insertion or otherwise, shall be made by any person other than the applicant without his written consent

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"/> / /	415:22 I.	Newborn Children	All individual 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 individual 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"/> / /	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"/> / /	415:6-o	Coverage for Obesity and Morbid Obesity	Coverage for Obesity and Morbid Obesity; Individual. 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 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.