

State of New Hampshire Insurance Department
REVIEW REQUIREMENTS CHECKLIST FOR GROUP HEALTH FILINGS – OTHER THAN MAJOR MEDICAL

LINE OF BUSINESS: GROUP HEALTH

TOI CODES: H02G through H15G, H17G through H21

INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:

- A. For ALL filings, the [Submissions Requirements Checklist](#) MUST be completed and attached to the supporting documentation tab.
- B. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted.
 - a. Policy/Certificate
 - b. Riders, endorsements or amendments
 - c. Applications
 - d. Advertising
 - e. Annual Actuarial Certification
- C. RATES are required to be filed in accordance with [NHCAR Part Ins 401.12 \(o\)](#) and [NHCAR Part Ins 4100](#). Additional requirements may be necessary, depending on the Type of Insurance (TOI).

*This checklist **MUST** be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:*

http://www.gencourt.state.nh.us/rules/state_agencies/ins.html

<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm>

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| SECTION 1 GENERAL REQUIREMENTS | | | |
| ADVERTISING | NHCAR Part Ins 2601 | Advertisement requirements for accident and health insurance, other than Medicare supplement. | YES: NO: Page # or If NO: |
| DEFINITIONS | NHCAR Part Ins 1901.04 Bulletin Ins 08-067-AB | General accident and health definitions. Categories of Coverage – Group - A group health plan may not be marketed or sold to any group other than a large employer group, a small employer group, a qualified association trust as defined in RSA 420-G:2, XV, or a licensed purchasing alliance, as defined in RSA 420-M. | YES: NO: Page # or If NO: |
| READABILITY | RSA 420-H:5 | I (a) The text achieves a minimum score of 40 on the Flesch reading ease test or an equivalent score on any other comparable test as provided in paragraph III; (b) It is printed, except for specification pages, schedules and tables, in not less than 10 point type, one point leaded; (c) The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the text of the policy or to any endorsements or riders; and (d) It contains a table of contents or an index of the principal sections of the policy, if the policy has more than 3,000 words printed on 3 or fewer pages of text, or if the policy has more than 3 pages regardless of the number of words. | YES: NO: Page # or If NO: |
| SECTION 2 APPLICATIONS | | | |
| REPRESENTATIONS | NHCAR Part Ins 401.11 (a) (1) | The declarative portion of the application, if any, shall imply a representation of facts to the best of the applicant's knowledge. "I represent," or "To the best of my knowledge and belief," shall be examples of such wording. Wording implying a warranty shall be prohibited. "I Certify" shall be such an example. | YES: NO: Page # or If NO: |

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| DISCLOSURES | NHCAR Part Ins 1901.07 (a) (1) NHCAR Part Ins 1901.07 (a) (2) NHCAR Part Ins 1901.07 (a) (3) | <p>Limited benefit disclosure language: All applications for coverages specified in Ins 1901.06 (b), (c), (d), (e), (g), (i), (j), (k) and (l) shall contain a prominent statement by type, stamp or other appropriate means in <u>either contrasting color or in boldface type at least equal to the size type used for the headings or captions of sections of the application and in close conjunction with the applicant's signature block</u> on the application as follows:</p> <p>"The [policy] [certificate] provides limited benefits. Review your [policy] [certificate] carefully."</p> <p>Dental disclosure language.</p> <p>Vision disclosure language.</p> | <p>YES: NO:</p> <p>Page # or If NO:</p> |
| PRODUCER SIGNATURE | RSA 402:82 | <p>RSA 402:82 Claim Forms and Applications. –</p> <p>II. No insurance company or producer shall accept an application for workers' compensation, property or casualty insurance, or life, accident and health insurance unless the application includes:</p> <p>(a) A written or electronic signature of the producer, unless the transaction does not involve a producer; and</p> <p>(b) A written or electronic signature of the applicant. In the case of group life, accident, or health insurance, the certificate holder insured under the group health policy is not the applicant.</p> | <p>YES: NO:</p> <p>PAGE # OR IF NO:</p> |

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| SECTION 3 POLICY/CERTIFICATE FORM | | | |
| COVER PAGE COMPANY INFORMATION | NHCAR Part Ins 401.03 | <p>(b) Each policy and certificate shall recite on the back page or specifications page the:</p> <p>(1) Full corporate or legal title of the company, association, exchange or society;</p> <p>(2) Official home address, including city and state or province;</p> <p>(3) Administrative office address if different from address in (2) above;</p> <p>(4) Toll-free telephone number of the company and, if available, a facsimile number and website address.</p> | <p>YES: NO:</p> <p>Page # or If NO:</p> |
| COVER PAGE BRIEF DESCRIPTION | NHCAR Part Ins 401.03 | <p>(c) Each policy and certificate shall provide a brief description of the nature of the policy, as follows:</p> <p>(1) The brief description shall be printed on:</p> <p>a. The face page, specifications page, or the back page if the policy form has a full size cover page.</p> | <p>YES: NO:</p> <p>Page # or If NO:</p> |
| COVER PAGE JURISDICTION | RSA 400-A:15-c NHCAR Part Ins 401.03 (o) | <p>All health coverage as defined in RSA 420-G:2 IX, and prescription drug and dental benefits offered separately as described in RSA 420-G:2, IX (j) shall be identified as being under the jurisdiction of the commissioner. Such identification shall be clearly printed on a member's identification card and the policy issued to an insured after January 1, 2010.</p> <p>All policy forms and certificates issued on or after January 1, 2010 that provide coverage as defined in RSA 420-G:2 IX, or prescription drug and dental benefits offered separately as described in RSA 420-G:2, IX. (j), issued on or after January 1, 2010, shall clearly state that the benefit plan or coverage represented by the policy is under the jurisdiction of the New Hampshire insurance commissioner pursuant to RSA 400-A:15-c.</p> | <p>YES: NO:</p> <p>Page # or If NO:</p> |

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| COVER PAGE FREE LOOK | NHCAR Part Ins 1901.07 (a) (11) | All policies and certificates, except single-premium nonrenewable policies and as otherwise provided in this paragraph, shall have a notice prominently printed on the first page of the policy or certificate or attached to it stating in substance that the policyholder or certificate holder shall have the right to return the policy or certificate within 30 days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the policyholder or certificate holder is not satisfied for any reason. | YES: NO: Page # or If NO: |
| COVER PAGE NOTICE TO BUYER | NHCAR Part Ins 1901.07 (a) | (9) and (10) Accident-only (16) Specified Disease (17) Hospital Confinement (18) Limited Benefit (23) Dental (24) Vision | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS DEPENDENT | RSA 415:5 I (3)(a) | "Dependent child" shall include a subscriber's child by blood or by law, who is under age 26. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS DISABLED DEPENDENT | RSA 415:5 I (3-a)(a) RSA 415:18 V (a) | The coverage of any family member insured by such policy, pursuant to subparagraph (3), who is mentally or physically incapable of earning his or her 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 or is replaced by another policy as long as such incapacity continues and as long as said dependent remains chiefly financially dependent on the policyholder or the employee or his or her estate is chargeable for the care of said dependent, provided that due proof of such incapacity is received by the insurer within 31 days of such expiration date. If such coverage is continued in accordance with this subparagraph, such dependent shall be entitled upon the termination of such incapacity to coverage offered by the New Hampshire high risk pool under RSA 404-G; | YES: NO: Page # or If NO: |

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| <u>GENERAL PROVISIONS</u> DISABLED DEPENDENT – MICHELE’S LAW (If coverage is provided for students age 26 or older) | RSA 415:5 I (3-a)(b) RSA 415:18 V (b) | If the coverage for dependent children under subparagraph (3) includes coverage for dependent children who are full-time students, as defined by the appropriate educational institution, beyond the age of 18, such dependent coverage shall include coverage for a dependent’s medically necessary leave of absence from school for a period not to exceed 12 months or the date on which coverage would otherwise end pursuant to the terms and conditions of the policy, whichever comes first. Any breaks in the school semester shall not disqualify the dependent child from coverage under this subparagraph. Documentation and certification of the medical necessity of a leave of absence shall be submitted to the insurer by the student’s attending physician and shall be considered prima facie evidence of entitlement to coverage under this subparagraph. The date of the documentation and certification of the medical necessity of a leave of absence shall be the date the insurance coverage under this subparagraph commences; | YES: NO: WHY: |
| <u>GENERAL PROVISIONS</u> NON-RENEWAL | RSA 415:18 I.(e) | A provision stating the conditions under which the insurer may decline to renew the policy. | YES: NO: Page # or If NO: |
| <u>GENERAL PROVISIONS</u> CANCELLATION OR NON-RENEWAL OF GROUP CONTRACTS | RSA 415:18-b | The notice of cancellation or nonrenewal or offer of renewal, except for non-payment of premium, shall be delivered to the group policyholder or mailed to the group policyholder’s last address as shown in the records of the insurer at least 45 days prior to the renewal date of the contract. Notice of cancellation for lack of participation, if permitted by the terms of the policy, shall be delivered to the group policyholder or mailed to the group policyholder’s last address as shown in the records of the insurer, at least 30 days prior to the effective date of the cancellation. | YES: NO: Page # or If NO: |
| <u>GENERAL PROVISIONS</u> NOTICE OF LOSS | RSA 415:18 I (h) | A provision that written notice of sickness or of injury must be given to the insurer within 20 days after the date when such sickness or injury occurred. Failure to give notice within such time shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible. | YES: NO: Page # or If NO: |

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| GENERAL PROVISIONS PROOF OF LOSS | RSA 415:18 I.(i) | 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. In the case of claim for loss of time for disability, written proof of such loss must be furnished to the insurer within 30 days after the commencement of the period for which the insurer is liable, and that subsequent written proofs of the continuance of such disability must be furnished to the insurer at such intervals as the insurer may reasonably require. 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. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS FORMS FOR PROOF OF LOSS | RSA 415:18 I.(j) | A provision that the insurer will furnish to the policyholder such forms as are usually furnished by it for filing proof of loss. If such forms are not furnished before the expiration of 15 days after the insurer receives notice of any claim under the policy, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed in the policy for filing proof of loss, written proof covering the occurrence, character and extent of the loss for which claim is made. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS PHYSICAL EXAMINATION OR AUTOPSY | RSA 415:18 I.(k) | A provision that the insurer shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during the pendency of claim under the policy and also the right and opportunity to make an autopsy in case of death where it is not prohibited by law. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS LEGAL ACTION | RSA 415:18 I.(n) | A provision that no action at law or in equity shall be brought to recover on the policy prior to the expiration of 60 days after proof of loss has been filed in accordance with the requirements of the policy and that no such action shall be brought at all unless brought within 2 years from the expiration of the time within which proof of loss is required by the policy. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS GRACE PERIOD | RSA 415:18 I.(p) | A provision that the policyholder is entitled to a grace period of 31 days for the payment of any premium due except the first, during which grace period the coverage shall continue in force | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS PART-TIME EMPLOYEES | RSA 415:18 I.(q) | 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. | YES: NO: Page # or If NO: |

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| GENERAL PROVISIONS CONTESTABILITY | RSA 415:18 I (r) | 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 | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS MATERNITY COVERAGE | RSA 415:18 I (s) Pregnancy Discrimination Act of 1978, amending Title VII of the Civil Rights Act of 1964. | 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. Maternity and pregnancy must be covered the same as any other illness or disability. Employer group coverage shall not provide benefits that are discriminatory regarding pregnancy. (Federal law supersedes state law.) | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS EQUITABLY ENTITLED | RSA 415:18 I (t) (1) | 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. Any payment made by the insurer in good faith pursuant to this provision shall fully discharge the insurer to the extent of such payment. | YES: NO: Page # or If NO: |
| GENERAL PROVISIONS PAYMENTS OF INDEMNITIES | RSA 415:18 I (t) BULLETIN Docket No.: INS No. 08-081-AB | Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the insured. Any other accrued indemnities unpaid at the insured's death may, at the option of the insurer, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the insured. The benefit shall not be assignable to a health care provider, and must be paid directly to the subscriber. The policy shall contain a provision prohibiting assignment of the benefit to a health care provider. | YES: NO: Page # or If NO: |
| OPEN ENROLLMENT | RSA 415:18 XII (c) | 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. | YES: NO: Page # or If NO: |

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| PREMIUMS RENEWAL INCREASE | NHCAR Part Ins 401.07 (b) (9) | In the event of any renewal rate increase, insurers shall provide policyholders with prior notice of any such increase such that: a. A 30 days notice is provided for policies subject to RSA 415; | YES: NO: Page # or If NO: |

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| MINIMUM STANDARDS | NHCAR Part Ins 1901.06 | Minimum standards for accident and health coverages. | YES: NO: Page # or If NO: |
| COVERAGE FOR DENTAL PROCEDURES; DENTAL OFFICES | RSA 415:18-h | I. Each dental insurer or other similar entity, including Delta under RSA 420-F, that issues or renews any policy of group insurance providing benefits for oral surgical procedures, shall provide to each certificate holder who is a resident of New Hampshire 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 6 who is determined by a licensed dentist in conjunction with a licensed physician to have a dental condition of significant complexity which requires the child to receive general anesthesia for the treatment of such condition; or (b) Is a person who has exceptional medical circumstances or a developmental disability as determined by a licensed physician which place the person at serious risk. | YES: NO: Page # or If NO: |
| PRESCRIPTION EXCEPTION PROCESS | RSA 420-J:7-b II | Every health benefit plan that provides prescription drug benefits shall maintain an expeditious exception process, not to exceed 48 hours, by which covered persons may obtain coverage for a medically necessary nonformulary prescription drug. The exception process shall begin when the prescribing provider has submitted a request with a clinical rationale for the exception to the health benefit plan. A prescription that requires an exception for coverage shall be considered approved if the exception process exceeds 48 hours. | YES: NO: Page # or If NO: |
| 90-DAY SUPPLY OF COVERED PRESCRIPTION DRUGS | RSA 420-J:7-b VIII | 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. | YES: NO: Page # or If NO: |
| OFF-LABEL PRESCRIPTION DRUG | RSA 415:18-j | 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. | YES: NO: Page # or If NO: |

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| PROMPT PAYMENT TIME LIMIT | RSA 415:18-k | <p>I. (a) 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 30 calendar days upon receipt of a clean non-electronic claim or 15 calendar days upon receipt of a clean electronic claim.</p> <p>(b) When the insurer is denying or pending the claim, the insurer shall have 15 calendar days upon receipt of an electronic claim or 30 days upon receipt of a non-electronic claim to notify the health care provider or certificate holder of the reason for denying or pending the claim and what, if any, additional information is required to adjudicate the claim. Upon the insurer's receipt of the requested additional information, the insurer shall adjudicate the claim within 45 calendar days. If the required notice is not provided, the claim shall be treated as a clean claim and shall be adjudicated pursuant to subparagraph (a).</p> | YES: NO: Page # or If NO: |

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| NATUROPATHY PROVIDERS; PAYMENT FOR EQUIVALENT TYPES OF SERVICES; | RSA 415:18-w | Each insurer that issues or renews any policy of group or blanket accident or health insurance providing benefits for medical or hospital expenses may 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 expenses arising from a health service performed by a doctor of naturopathic medicine licensed under RSA 328-E if that particular type of service is within the scope of practice of such doctor and if the insurer would reimburse for that type of service when performed by any other type of health care provider. Such coverage, if provided, shall be subject to each insurer's standards and mechanisms for determining medical necessity, for credentialing pursuant to RSA 420-J:4, and for contracting pursuant to RSA 420-J:8. Any such benefits provided shall not be subject to any greater co-payment, deductible, or coinsurance than any other similar benefits provided by the insurer. | YES: NO: Page # or If NO: |
| NEWBORN CHILDREN | RSA 415:22 | I. 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. III. Unless the policy or contract specifically provides that grandchildren of the insured or subscriber are eligible for coverage, coverage for newly born children of a dependent child of the insured or subscriber shall not continue beyond the initial 31-day period following birth. Nor shall such newly born children be considered dependents of the insured for any purpose addressed in this title. | YES: NO: Page # or If NO: |
| ADOPTED CHILDREN | RSA 415:22-a | 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. | YES: NO: Page # or If NO: |
| COVERAGE FOR TELEMEDICINE SERVICES | RSA 415-J:3 | I. It is the intent of the general court to recognize the application of telemedicine for covered services provided within the scope of practice of a physician or other health care provider as a method of delivery of medical care by which an individual shall receive medical services from a health care provider without in-person contact with the provider. II. An insurer offering a health plan in this state may not deny coverage on the sole basis that the coverage is provided through telemedicine if the health care service would be covered if it were provided through in-person consultation between the covered person and a health care provider. | YES: NO: Page # or If NO |

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| | | <p>III. Nothing in this section shall be construed to prohibit an insurer from providing coverage for only those services that are medically necessary and subject to the terms and conditions of the covered person's policy.</p> | |

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| PRE-EXISTING CONDITIONS | RSA 415-A:5 | I. If an insurer or a nonprofit hospital or medical service association elects to use a simplified application form for a policy other than a Medicare supplement policy, with or without a question as to the applicant's health at the time of application, but without any questions concerning the insured's health history or medical treatment history, the policy, 9 months after the date of enrollment, must cover any loss occurring from any preexisting condition not specifically excluded from coverage by terms of the policy and, except as so provided, the policy shall not include wording that would permit a defense based upon preexisting | YES: NO: Page # or If NO |
| OUTLINE OF COVERAGE | NHCAR Part Ins 1901.07 | Outline of Coverage is required for the following: Hospital Confinement Indemnity, Disability Income, Accident-Only, Specified Disease, and Limited Benefit Coverage, including Dental and Vision. Format and order is as specified in the rule. | YES: NO: Page # or If NO |

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| CONTINUATION RIGHTS | RSA 415:18 XVI | <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 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 such 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>YES: NO:</p> <p>Page # or If NO</p> |

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| | | Surviving spouse age 55 or older – 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-sponsored group plan, or becomes eligible for Medicare. | |
| SUMMARY PLAN DESCRIPTION OF CONTINUATION RIGHTS | RSA 415:18 XVI (f) | (1) The carrier shall provide, at the time of commencement of coverage under the health benefit plan, a summary plan description to each eligible member or subscriber of the rights provided under this section. (2) Notice of the right to continue coverage also shall be set forth in each master policy and individual certificate of coverage. | YES: NO: Page # or If NO |
| PATIENTS' BILL OF RIGHTS | RSA 415:18 XIV RSA 151:21 | An insurer issuing policies of group insurance shall provide to each new certificate holder who is a resident of this state a copy of the patients' bill of rights law under RSA 151:21. | YES: NO: Page # or If NO |
| EXTENSION OF BENEFITS | NHCAR Part Ins 1906.05 | (a) Every group policy, contract or certificate subject to this rule issued on or after the effective date of this rule, or under which the level of benefits is altered, modified or amended on or after the effective date of this rule, shall provide a reasonable provision for extension of benefits in the event of total disability at the date of discontinuance of the group policy, contract or certificate as required by the following paragraphs of this section, at least 12 months for major medical, and at least 90 days for all others. | YES: NO: Page # or If NO |
| DISCONTINUANCE AND REPLACEMENT OF GROUP ACCIDENT AND HEALTH COVERAGE | NHCAR Part Ins 1906.02 (a) NHCAR Part Ins 1906.04 | Requirements in the case of discontinuance of group health coverage for active recipients of mental health services. Requirements for Notice of Discontinuance. Any notice of discontinuance shall comply with the provisions of RSA 415:18 and RSA 420-G. | YES: NO: Page # or If NO |
| COORDINATION OF BENEFITS | NHCAR Part Ins 1904 | Ins 1904.01 <u>Scope</u> . This part applies to all group or blanket insurance plans subject to RSA 415, RSA 420-A and RSA 420-B. | YES: NO: Page # or If NO |

State of New Hampshire Insurance Department
REVIEW REQUIREMENTS CHECKLIST FOR GROUP HEALTH FILINGS – OTHER THAN MAJOR MEDICAL

| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | COMPLIANCE |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| IDENTIFICATION CARDS (EXPENSE-BASED MEDICAL, DENTAL AND PRESCRIPTION DRUGS) | NHCAR Part Ins 1901.09 | <p>(b) The card shall contain at a minimum the following:</p> <ul style="list-style-type: none"> (1) The insurance company name; (2) Subscriber or member name; (3) Subscriber or member identification number; (4) A telephone number and website for customer service inquiries. <p>(c) Identify, on all member identification cards or benefit guarantee cards, that the benefit plan represented on the card is under the jurisdiction of the New Hampshire insurance commissioner pursuant to RSA 400-A:15-c, so that the term "insured" shall be printed on the member identification card so that it is:</p> <ul style="list-style-type: none"> (1) Clearly visible; and (2) In a font size no less than the member's name on the member identification card. | <p>YES: NO:</p> <p>Page # or If NO</p> |
| SECTION 4 RATES | | | |
| RATES | NHCAR Part Ins 4100 | REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS | <p>YES: NO:</p> <p>Page # or If NO</p> |
| RATES | NHCAR Part Ins 401.12 (o) | Policies, certificates and rates shall be submitted together to the department. | <p>YES: NO:</p> <p>Page # or If NO</p> |
| New Hampshire Insurance Department Notes: | | | |
| Statute Link (RSA 415 , RSA 415-A , RSA 420-J) Index | | | |
| Regulation Link (NHCAR PART INS 400 , Ins 1900 , Ins 4100) Index | | | |