

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

LINE OF BUSINESS: INDIVIDUAL HEALTH

TOI CODES: H02I through H15I, H17I 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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| REVIEW REQUIREMENTS | REFERENCE | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS | COMPLIANCE |
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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 1901.03 NHCAR Part Ins 1901.04 | General accident and health definitions. | 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> |
| NOTICE OF REPLACEMENT OF COVERAGE | NHCAR Part Ins 1901.08 | <p>(a) An application form shall include a question designed to elicit information as to whether the insurance to be issued is intended to replace any other accident and health insurance presently in force. A supplementary application or other form to be signed by the applicant containing the question may be used.</p> <p>(c) The notice required by (b) above for an insurer, other than a direct response insurer, shall provide, in substantially the following form as prescribed.</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 | (b) Each policy and certificate shall recite on the back page or specifications page the: (1) Full corporate or legal title of the company, association, exchange or society; (2) Official home address, including city and state or province; (3) Administrative office address if different from address in (2) above; (4) Toll-free telephone number of the company and, if available, a facsimile number and website address. | YES: NO: PAGE # OR IF NO: |
| COVER PAGE BRIEF DESCRIPTION | NHCAR Part Ins 401.03 | (c) Each policy and certificate shall provide a brief description of the nature of the policy, as follows: (1) The brief description shall be printed on: a. The face page, specifications page, or the back page if the policy form has a full size cover page. | YES: NO: PAGE # OR IF NO: |
| COVER PAGE JURISDICTION | RSA 400-A:15-c NHCAR Part Ins 401.03 (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. | YES: NO: PAGE # OR IF NO: |
| 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: |

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| 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) RSA 420-J:8-d (managed care) | "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) | 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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| GENERAL PROVISIONS DISABLED DEPENDENT – MICHELE’S LAW (If coverage is provided for students age 26 or older) | RSA 415:5 I (3- (a)(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: PAGE # OR IF NO: |
| GENERAL PROVISIONS NON-RENEWAL | RSA 415:6 II (8) | A provision as follows: Cancellation; Refusal to Renew: The insurer may refuse to renew on the policy anniversary date, or may cancel this policy at any time by written notice delivered to the insured, or mailed to the insured’s last address as shown by the records of the insurer, stating when, not less than 30 days thereafter, such cancellation or refusal to renew shall be effective. If the insurer cancels, the earned premium shall be computed pro-rata. Cancellation or refusal to renew shall be without prejudice to any claim originating prior to the effective date of the cancellation or refusal to renew. However, such cancellation or refusal to renew, if for reasons other than nonpayment of premium and other than specified in any time limits for certain defenses, shall be effected only if also effected on all policyholders of the same class. No such action shall be taken without prior written approval of the insurance commissioner. The insurer shall have the burden of proof that the classification of risk involved therein is reasonable and nondiscriminatory, pursuant to RSA 415:15. | YES: NO: PAGE # OR IF NO: |

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| GENERAL PROVISIONS NOTICE OF LOSS | RSA 415:6 I (5) | <p>A provision as follows: 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. Notice given by or on behalf of the insured or the beneficiary to the insurer at _____ (insert the location of such office as the insurer may designate for the purpose), or to any authorized agent of the insurer, with information sufficient to identify the insured, shall be deemed notice to the insurer.</p> <p>(In a policy providing a loss-of-time benefit which may be payable for at least 2 years, an insurer may at its option insert the following between the first and second sentences of the above provision: Subject to the qualifications set forth below, if the insured suffers loss of time on account of disability for which indemnity may be payable for at least 2 years, he shall, at least once in every 6 months after having given notice of claim, give to the insurer notice of continuance of said disability, except in the event of legal incapacity. The period of 6 months following any filing of proof by the insured or any payment by the insurer on account of such claim or any denial of liability in whole or in part by the insurer shall be excluded in applying this provision. Delay in the giving of such notice shall not impair the insured's right to any indemnity which would otherwise have accrued during the period of 6 months preceding the date on which such notice is actually given.)</p> | <p>YES: NO:</p> <p>PAGE # OR IF NO:</p> |
| GENERAL PROVISIONS PROOF OF LOSS | RSA 415:6 I (7) | <p>A provision as follows: 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 and within 90 days after the date of such loss in the case of any other accident and health insurance policy. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.</p> | <p>YES: NO:</p> <p>PAGE # OR IF NO:</p> |

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| GENERAL PROVISIONS CLAIM FORMS | RSA 415:6 I (6) | A provision as follows: 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 with the requirements of this policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, the character and the extent of the loss for which claim is made. | YES: NO: PAGE # OR IF NO: |
| GENERAL PROVISIONS PHYSICAL EXAMINATION OR AUTOPSY | RSA 415:6 I (10) | 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 415:6 I (11) | A provision as follows: 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. | YES: NO: PAGE # OR IF NO: |
| GENERAL PROVISIONS GRACE PERIOD | RSA 415:6 I (3) | 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 CONTESTABILITY | RSA 415:6 I (2) | A provision as follows: Time Limit on Certain Defenses: (a) 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 incurred or disability (as defined in the policy) commencing after the expiration of such 2-year period. | YES: NO: PAGE # OR IF NO: |
| GENERAL PROVISIONS MATERNITY COVERAGE | RSA 415:6-d | 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. | YES: NO: PAGE # OR IF NO: |

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| GENERAL PROVISIONS - REINSTATEMENT | RSA 415:6 I (4) | (4) A provision as follows: Reinstatement: If any renewal premium is not paid within the time granted the insured for payment, a subsequent acceptance of premium by the insurer or by any agent duly authorized by the insurer to accept such premium, without requiring in connection therewith an application for reinstatement, shall reinstate the policy; provided, however, that if the insurer or such agent requires an application for reinstatement and issues a conditional receipt for the premium tendered, the policy will be reinstated upon approval of such application by the insurer or, lacking such approval, upon the forty-fifth day following the date of such conditional receipt unless the insurer has previously notified the insured in writing of its disapproval of such application. 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. In all other respects the insured and insurer shall have the same rights thereunder as they had under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement. | YES: NO: PAGE # OR IF NO: |
| GENERAL PROVISIONS INSURANCE WITH THIS INSURANCE | RSA 415:6 II (3) | A provision as follows: Other Insurance in This Insurer: If an accident or sickness or accident and sickness policy or policies previously issued by the insurer to the insured be in force concurrently herewith, making the aggregate indemnity for ____ (insert type of coverage or coverages) in excess of \$ ____ (insert maximum limit of indemnity or indemnities) the excess insurance shall be void and all premiums paid for such excess shall be returned to the insured or to his estate. or, in lieu thereof: Insurance effective at any one time on the insured under a like policy or policies in this insurer is limited to the one such policy elected by the insured, his beneficiary or his estate, as the case may be, and the insurer will return all premiums paid for all other such policies. | YES: NO: PAGE # OR IF NO: |

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| GENERAL PROVISIONS INSURANCE WITH OTHER INSURERS | RSA 415:6 II (4) | A provision in all nongroup policies as follows: Insurance with Other Insurers: If there be other valid coverage, not with this insurer, providing benefits for the same loss on a provision of service basis or an expense incurred basis, payment shall not be prorated or reduced. If such a case, the insured shall be entitled to payment from both insurers. | YES: NO: PAGE # OR IF NO: |
| 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: |
| MINIMUM STANDARDS | NHCAR Part Ins 1901.06 | Minimum standards for accident and health coverages. | YES: NO: PAGE # OR IF NO: |
| PRESCRIPTION DRUG CARDS | RSA 415:6-k NHCAR Part Ins 1901.09 | I. Each insurer that issues or renews any individual policy of accident or health insurance which provides coverage for prescription drugs or devices or which contracts with an entity providing such prescription drug coverage, including but not limited to pharmacy benefit manager companies, shall issue to certificate holders a card or other technology containing uniform prescription drug information. The uniform prescription drug information card or technology shall include all of the fields required by the health insurance provider for claims processing in a clear, readable, and understandable manner on the card or other technology issued and shall include, at a minimum, the following information: (a) The name or trademark logo of the insurer and, if another company administers the prescription benefit, the name or trademark logo of the benefit administrator. (b) The certificate holder's name and identification number. (c) All of the electronic transaction routing information required by the insurer or its benefit administrator in order for the pharmacy to electronically process a prescription claim, including but not limited to the BIN number labeled as such or the Processor Control Number labeled as such, or both. III. A new uniform prescription drug information card, as required under this section, shall be issued by an insurer upon enrollment of new members and when reissuing a new card to current members when there is a change in the certificate holder's pharmacy coverage that affects data contained on the card. | YES: NO: PAGE # OR IF NO: |

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| NATUROPATHY PROVIDERS; PAYMENT FOR EQUIVALENT TYPES OF SERVICE | RSA 415:6-r | 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 persons covered by 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 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. 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 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. 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 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. | YES: NO: PAGE # OR IF NO: |
| RECONSTRUCTIVE SURGERY | RSA 417-D:2-b | Every insurer subject to this chapter that provides individual or group coverage for mastectomy surgery shall provide coverage for reconstruction of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the physician. | YES: NO: PAGE # OR IF NO: |

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| COVERAGE FOR TELEMEDICINE SERVICES | RSA 415-J:3 | <p>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.</p> <p>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.</p> <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> | <p>YES: NO: PAGE # OR IF NO:</p> |
| PRE-EXISTING CONDITIONS | RSA 415-A:5 | <p>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 conditions.</p> | <p>YES: NO: PAGE # OR IF NO:</p> |
| OUTLINE OF COVERAGE | NHCAR Part Ins 1901.07 | <p>Outline of Coverage is required for the following: Individual Major Medical/Comprehensive Coverage, 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.</p> | <p>YES: NO: PAGE # OR IF NO:</p> |

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| 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 provided the health benefit plan with the clinical rationale for the exception. | YES: NO: PAGE # OR IF NO: |
| 90-DAY SUPPLY OF COVERED PRESCRIPTION DRUGS | RSA 420-J:7-b VIII RSA 415:6-aa | 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: |
| PATIENTS' BILL OF RIGHTS | RSA 415:6-f RSA 151:21 | Any insurer issuing policies of individual 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: |

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| IDENTIFICATION CARDS | 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> |

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NEW HAMPSHIRE INSURANCE DEPARTMENT NOTES:

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Regulation Link (NHCAR PART [INS 400](#), [Ins 1900](#), [Ins 4100](#)) [Index](#)