

**INDIVIDUAL HEALTH /DISABILITY AND GROUP
SUPPLEMENTAL PLANS STANDARDS CHECKLIST**

This checklist does not list all code and rule citations that may be applicable to your filing. You should carefully review the requirements of Chapters 21, 22, 39, 52, 52 and 55 of Title 41 Idaho Code. This checklist is intended only to address specific requirements that have sometimes been a source of confusion or omitted from health/disability policy filings. The company representative certifying the policy forms are in compliance with Idaho Insurance Code must initial each listed item to indicate that he or she has specifically reviewed the policy form and determined that the filing complies with the identified code section or rule.

SPECIFIC REQUIREMENTS:

CERTIFIED	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	ALL FORMS, INCLUDING POLICIES APPLICATIONS, RIDERS, ENDORSEMENTS AND AMENDMENTS MUST BE FILED	IDAHO CODE §41-1812	THIS REQUIREMENT INCLUDES GROUP SUPPLEMENT COVERAGES WHERE THE MASTER POLICY IS ISSUED IN ANOTHER STATE. THE CERTIFICATES MUST BE IN COMPLIANCE WITH CHAPTER 22, TITLE 41, AND RULE 30 (IDAPA 18.01.30). IF THE COMPANY IS FILING ANY CHANGES TO AN EXISTING FILED CONTRACT OR POLICY FORM, THE DEPARTMENT REQUIRES A DETAILED COMPARISON OF ALL CHANGES BEING MADE, INCLUDING DOLLAR AMOUNTS AND ANY REDUCTIONS IN COVERAGES, INCLUDING LIMITATIONS AND EXCLUSIONS.
	REFUND OF UNEARNED PREMIUM TO POLICYHOLDER	IDAHO CODE §41-1333	THIS PROVISION MUST BE INCLUDED IN ALL DISABILITY CONTRACTS OTHER THAN DISABILITY INCOME.
	PRESCRIPTION DRUG BENEFIT	IDAHO CODE §41-1844	INSURER CANNOT REQUIRE AN INSURED TO OBTAIN PRESCRIPTIONS FROM A MAIL ORDER PHARMACY NOR SET FORTH ANY ADDITIONAL FEES OR DEDUCTIBLES IF A REGISTERED PHARMACY AGREES TO THE SAME TERMS AND CONDITIONS AS THE MAIL ORDER PHARMACY.
	RECREATIONAL RELATED ACTIVITIES	IDAHO CODE § 41-1845	NO INSURER MAY DENY OR EXCLUDE MEDICAL BENEFITS BASED ON THE INDIVIDUAL'S CASUAL OR NONPROFESSIONAL PARTICIPATION IN RECREATIONAL RELATED ACTIVITIES.
	HEALTH CARE POLICIES THAT DO NOT MEET THE REQUIREMENTS OF CHAPTER 39 FOR MANAGED CARE	IDAHO CODE §41-1846	THIS SECTION APPLIES TO PLANS WHERE THE INSURERS HAVE PARTICIPATING PROVIDERS OR WHERE LESSER OUT OF POCKET IS REQUIRED WHEN CERTAIN PROVIDERS ARE UTILIZED. CARRIERS MUST SHOW THAT THE PLAN IS NOT A MANAGED CARE PLAN.
	SCOPE & FORMAT FOR DISABILITY POLICIES, INCLUDING PLACEMENT OF FORM NUMBER FOR INDIVIDUAL CONTRACTS	IDAHO CODE §41-2103	INCLUDES REQUIREMENT THAT EACH FORM, INCLUDING RIDERS AND ENDORSEMENTS, BE IDENTIFIED BY A FORM NUMBER IN THE LOWER LEFT HAND CORNER OF THE FIRST PAGE.

	FREE CHOICE OF PROVIDER	IDAHO CODE §41-2103(8)	IF THE POLICY PROVIDES BENEFITS ON A REIMBURSEMENT BASIS OR OTHERWISE, THE INSURED IS ENTITLED TO A FREE CHOICE OF MEDICAL DOCTOR TO PERFORM SERVICES OR PODIATRIST, IF AUTHORIZED BY LAW TO PERFORM PARTICULAR SERVICES. DENTAL CONTRACTS MUST INCLUDE DENTURIST PURSUANT TO IDAHO CODE 54-3318.
	FILING OF RATES	IDAHO CODE §41-2136	RATES FOR PLANS OTHER THAN HEALTH BENEFIT PLANS MUST BE FILED WITH THE CONTRACT AND SUBSEQUENT RATE INCREASE REQUESTS MUST ALSO BE FILED. RATE MANUALS MAY BE SUBMITTED ON A "CD" OR ELECTRONICALLY THROUGH SERFF.

	COVERAGE FOR NEWBORN AND ADOPTED CHILDREN	IDAHO CODE §41-2140 IDAPA 18.01.06 (Rule 6)	ALL NEWBORN AND ADOPTED CHILDREN MUST BE COVERED FROM THE MOMENT OF BIRTH FOR 60 DAYS. ALL ADOPTED CHILDREN ARE COVERED FOR 60 DAYS FROM BIRTH IF PLACED WITHIN 60 DAYS AND THE DATE OF PLACEMENT IF AFTER 60 DAYS OF BIRTH. NO PREEXISTING CONDITION LIMITATION MAY BE IMPOSED. PLANS MUST INCLUDE A DEFINITION OF PLACEMENT. THIS RULE DEFINES CONGENITAL ANOMALIES AND THE REQUIRED TIMEFRAME FOR PAYMENT OF ADDITIONAL PREMIUM FOR NEWBORNS AND ADOPTED CHILDREN.
	DEPENDENT LIMITING AGE	IDAHO CODE §41-2103, §41-5203 AND §41-5501 BULLETIN 07-06	COVERAGE SHALL BE PROVIDED FOR UNMARRIED CHILDREN UNDER THE AGE OF 25 AND WHO RECEIVES MORE THAN ONE-HALF OF HIS FINANCIAL SUPPORT FROM THE PARENT. ANY UNMARRIED CHILD OF ANY AGE WHO IS MEDICALLY CERTIFIED AS DISABLED AND DEPENDENT UPON THE PARENT
	COMPLICATIONS OF PREGNANCY	IDAHO CODE §§ 41-2140, 41-2210A, IDAPA 18.01.31 (Rule 31)	COMPLICATIONS OF PREGNANCY CANNOT BE EXCLUDED. RULE 31 DEFINES COMPLICATIONS OF PREGNANCY
	EXCLUSION FOR ELECTIVE ABORTION	IDAHO CODE §41-2142	ALL ELECTIVE ABORTIONS MUST BE EXCLUDED AND CONTAIN THE FOLLOWING STATEMENT " EXCEPT TO PRESERVE THE LIFE OF THE FEMALE UPON WHOM THE ABORTION IS PERFORMED". THE BENEFIT MAY BE ADDED BY SEPARATE ENDORSEMENT WITH ADDITIONAL PREMIUM.
	MAMMOGRAPHY COVERAGE	IDAHO CODE §41-2144	ALL PLANS OTHER THAN SPECIFIC LIMITED PLANS MUST COVER MAMMOGRAPHY EXAMINATIONS. THE FORMS MUST COMPLY WITH THE WOMEN'S HEALTH AND CANCER ACT.
	OUTLINE OF COVERAGE	IDAHO CODE §41-4205 IDAPA 18.01.30.101.01 (Rule	AN OUTLINE OF COVERAGE IS REQUIRED FOR ALL DISABILITY CONTRACTS,

		30)	INCLUDING GROUP SUPPLEMENTAL PLANS.
	EXTENSION OF BENEFITS FOR MATERNITY	IDAPA 18.01.30.013.05	IN THE EVENT THE INSURER CANCELS OR REFUSES TO RENEW, POLICIES PROVIDING PREGNANCY BENEFITS SHALL PROVIDE FOR AN EXTENSION OF BENEFITS AS TO PREGNANCY COMMENCING WHILE THE POLICY IS IN FORCE AND FOR WHICH BENEFITS WOULD HAVE BEEN PAYABLE HAD THE POLICY REMAINED IN FORCE.
	RATING REGARDING HEALTH BENEFIT PLANS	IDAHO CODE §41-5206 IDAPA 18.01.72	COMPANIES MUST SUBMIT A COMPLETE RATE FILING FOR INITIAL FORMS AND FOR ANY RATE INCREASES OR CHANGES IN RATING METHODS IN THE FORM OF A RATE MANUAL. COMPANIES MUST ALSO SUBMIT THEIR ANNUAL CERTIFICATION OF COMPLIANCE BY SEPTEMBER 15 OF EACH YEAR. SUMMISSIONS MAY BE MADE ON A "CD" OR ELECTRONICALLY THROUGH SERFF.
	PRE-EXISTING CONDITIONS	IDAHO CODE §41-5208 IDAPA 18.01.30 (Rule 30)	RESTRICTS THE PLAN DEFINITION OF A PRE-EXISTING CONDITION TO NO MORE THAN A 6-MONTH LOOK-BACK PERIOD, AND THE EXCLUSION PERIOD FOR PRE-EXISTING CONDITIONS TO NO MORE THAN 12 MONTHS.
	QUALIFYING PREVIOUS COVERAGE	IDAHO CODE §41-5208	CREDIT FOR PRE-EXISTING CONDITION WAITING PERIOD MUST BE PROVIDED IF THE INSURED HAD QUALIFYING PREVIOUS COVERAGE AND HAD NO MORE THAN A 63-DAY LAPSE IN COVERAGE.
	PROBATIONARY OR WAITING PERIODS	RULE 30: IDAPA 18.01.30.11.01 IDAPA 18.01.30.21.02.E	A POLICY SHALL NOT CONTAIN A PROBATIONARY OR WAITING PERIOD DURING WHICH NO COVERAGE IS PROVIDED UNDER THE POLICY. ACCIDENT ONLY POLICIES CANNOT CONTAIN PROBATIONARY OR WAITING PERIODS. SPECIFIED DISEASE POLICIES MAY CONTAIN A WAITING PERIOD, WHICH SHALL NOT EXCEED 30 DAYS.
	EXCLUSIONS	RULE 30: IDAPA 18.01.30.011.05	ALL CONTRACTS SUBJECT TO RULE 30 CANNOT CONTAIN EXCLUSIONS OTHER THAN THOSE THAT ARE LISTED IN THIS PROVISION.
	DOMESTIC PARTNER LANGUAGE		IDAHO LAW DEFINES MARRIAGE AS A CIVIL CONTRACT BETWEEN A MAN AND A WOMAN; THE POLICY SHOULD NOT DEFINE OR USE THE TERM "SPOUSE" IN A MANNER INCONSISTENT WITH THE STATUTORY DEFINITION OF MARRIAGE. CONTRACTS THT EXTEND COVERAGE TO A DEPENDENT OR DOMESTIC PARTNER BASED UPON A SEXUAL RELATIONSHIP ARE CONSIDERED A VIOLATION OF PUBLIC POLICY.
	COORDINATION OF BENEFITS	IDAPA.18.01.74 (Rule 74)	ANY PLAN CONTAINING A COORDINATION OF BENEFITS PROVISION MUST COMPLY WITH THE REQUIREMENTS OF RULE 74. THE COMPANY SHOULD REVIEW THE DEFINITIONS AND OTHER PROVISIONS OF RULE 74 CAREFULLY.
	TIME OF PAYMENT OF CLAIMS	IDAHO CODE §41-2112	CONTRACTS MUST CONTAIN A

		IDAHO CODE §41-5202	STATEMENT THAT ANY LOSS WILL BE PAID IMMEDIATELY UPON RECEIPT OF DUE WRITTEN PROOF OF LOSS.
	NEWBORN'S & MOTHERS HEALTH PROTECTION ACT	IDAHO CODE §41-2140(4)	NO POLICY SHALL PROVIDE MEDICAL EXPENSE MATERNITY BENEFITS WHICH RESTRICT THE LENGTH OF A HOSPITAL STAY IN A MANNER THAT WOULD BE IN CONFLICT WITH THE NEWBORN'S & MOTHERS HEALTH PROTECTION ACT.
	TEN DAY FREE EXAMINATION	IDAHO CODE §41-2138	ALL INDIVIDUAL POLICIES OTHER THAN NONRENEWABLE ACCIDENT AND INDIVIDUAL CREDIT HEALTH MUST CONTAIN A PROVISION THAT ALLOWS THE INSURED A 10 DAY EXAMINATION PERIOD DURING WHICH TIME THE INSURED MAY RETURN THE POLICY IF NOT SATISFIED FOR ANY REASON.
	COVERAGE OF DEPENDENT CHILD	IDAHO CODE §41-2139	POLICIES MUST PROVIDE COVERAGE FOR A DEPENDENT OF AN INSURED WHOSE COVERAGE TERMINATES DUE TO SPECIFIED AGE IF THE CHILD IS UNMARRIED AND INCAPABLE OF SELF SUSTAINING EMPLOYMENT BY REASON OF MENTAL RETARDATION OR PHYSICAL HANDICAP.
	RENEWABILITY OF COVERAGE	IDAHO CODE §41-5207	ALL HEALTH BENEFIT PLANS ARE GUARANTEED RENEWABLE AT THE OPTION OF THE INSURED. A CHANGE IN BENEFITS WITHOUT THE OPTION TO RENEW THE ORIGINAL BENEFITS IS CONSIDERED DISCONTINUANCE.
	DISCONTINUANCE	IDAHO CODE §41-5207(1)(e)	A CARRIER MAY DISCONTINUE A PRODUCT ONLY AFTER THE PRODUCT HAS BEEN IN USE FOR THIRTY-SIX (36) CONSECUTIVE MONTHS AND CANNOT BE MORE THAN 15% OF ITS TOTAL NUMBER OF INSUREDS AND DEPENDENTS IN ALL LINES OF BUSINESS IN A 12 MONTH PERIOD.

REQUIREMENTS FOR INDIVIDUAL HIGH RISK POOL PLANS:

CERTIFIED	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	INDIVIDUAL MANDATED PLANS	IDAHO CODE § 41-5212 AND § 41-5511 RULE 73: IDAPA 18.01.73	ANY COMPANY OFFERING PRODUCTS IN THE INDIVIDUAL MARKET MUST FILE AND OFFER THE REQUIRED HIGH RISK POOL PLANS. THE PLAN DESIGNS ARE AVAILABLE ON THE DEPARTMENT WEBSITE.
	AVAILABILITY OF COVERAGE	IDAHO CODE §41-5208 IDAHO CODE §41-5510	EVERY INDIVIDUAL CARRIER SHALL OFFER THE BASIC, STANDARD, CATASTROPHIC A&B AND HSA COMPATIBLE PLANS .
	PREMIUM RATES FOR MANDATED PLANS	IDAHO CODE §41-5507	THE INDIVIDUAL HIGH RISK REINSURANCE BOARD DETERMINES THE RATES FOR THE INDIVIDUAL MANDATED PLANS. THE RATES ARE AVAILABLE ON THE DEPARTMENT WEBSITE.

	ELIGIBILITY FOR MANDATED PLANS	IDAHO CODE §41-5510	THIS CODE SECTION DEFINES WHO IS ELIGIBLE FOR THE ISSUANCE OF A HIGH RISK POOL PLAN.
	RESTRICTIVE RIDERS	IDAPA 18.01.067	A HEALTH BENEFIT PLAN SHALL NOT BE MODIFIED WITH AN ENDORSEMENT OR RIDER TO RESTRICT OR EXCLUDE COVERAGE DUE TO AN INDIVIDUAL OR DEPENDENT'S HEALTH CONDITION.
	INVOLUNTARY COMPLICATIONS OF PREGNANCY		DEFINITION OF COMPLICATION OF PREGNANCY CHANGED TO INCLUDE "INVOLUNTARY CESAREAN SECTION"
	ORGAN TRANSPLANTS		ORGAN TRANSPLANT BENEFIT LIMIT CHANGED TO \$250,000.00
	SET BENEFIT LEVELS	IDAPA 18.01.73	ALL MANDATED PLANS MUST PROVIDE THE EXACT BENEFITS AND EXCLUSIONS OUTLINED IN THE RULE.

OTHER REQUIREMENTS WITH WHICH YOU SHOULD BE FAMILIAR:

CERTIFIED	REVIEW REQUIREMENTS	REFERENCE	COMMENTS
	BLOCK NONRENEWALS OF PLANS OTHER THAN HEALTH BENEFIT PLANS	IDAHO CODE §41-1841	REQUIRES A 120-DAY ADVANCE NOTICE TO THE DIRECTOR AND IS IN ADDITION TO ANY OTHER REQUIREMENTS, NOT A SUBSTITUTE.
	BLOCK NONRENEWALS OF HEALTH BENEFIT PLANS	IDAHO CODE §41-5207	REQUIRES A 180-DAY ADVANCE NOTICE TO THE DIRECTOR. FOLLOWING A BLOCK NONRENEWAL, THE COMPANY IS PROHIBITED FROM WRITING NEW BUSINESS IN THE INDIVIDUAL MARKET FOR 5 YEARS. THIS PROVISION ALSO LISTS THE ONLY GROUNDS FOR NONRENEWING AN INDIVIDUAL HEALTH BENEFIT PLAN.
	COVERAGE PROVIDED FOR PERSONS HAVING INSURANCE	IDAHO CODE §41-2146	THIS PROVISION SETS OUT THE INSURED'S RIGHT TO TRANSFER TO OTHER COVERAGE. IT ALSO REQUIRES A SIMPLIFIED APPLICATION THAT SHALL NOT EXCEED 1 PAGE IN LENGTH AND NOT EXCEED 6 MEDICAL QUESTIONS.
	SHORT TERM PLANS	RULE 30: IDAPA 18.01.30 BULLETIN 03-1	A SHORT TERM PLAN CANNOT BE RENEWED BEYOND ITS INITIAL PERIOD. THE BULLETIN CLARIFIES THE REQUIREMENTS.

Signature _____

Date _____

IDFF ATTACH IND - Revised 5/1/2009