

SMALL GROUP HEALTH PLAN 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 CHAPTER 22 AND 47 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 SMALL GROUP HEALTH PLAN FILINGS. THE COMPANY REPRESENTATIVE CERTIFYING THAT THE POLICY FORM IS IN COMPLIANCE WITH THE IDAHO CODE MUST INITIAL EACH LIST ITEM TO INDICATE THAT HE OR SHE HAS SPECIALLY REVIEWED THE POLICY FORM AND DETERMINED THAT THE FILING COMPLIES WITH THE IDENTIFIED CODE SECTION OR RULE.

SPECIFIC REQUIREMENTS:

| CERTIFIED | REVIEW REQUIREMENTS | REFERENCE | COMMENTS |
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| | ALL FORMS, INCLUDING POLICIES, APPLICATIONS, RIDERS, ENDORSEMENTS, AMENDMENTS MUST BE FILED. | IDAHO CODE §41-1812 | THIS REQUIREMENT INCLUDES SMALL GROUP HEALTH BENEFIT PLANS WHERE THE MASTER POLICY IS ISSUED IN ANOTHER STATE. THE CERTIFICATES MUST BE IN COMPLIANCE WITH CHAPTERS 22 AND 47 OF TITLE 41 AND RULE 70 (IDAPA 18.01.70). 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 COVERAGE'S, 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. |
| | REQUIRED PROVISIONS | IDAHO CODE §41-2203 | ALL CONTRACTS SHALL CONTAIN THE REQUIRED PROVISIONS AS OUTLINED REGARDING STATEMENTS DEEMED REPRESENTATIONS. REQUIREMENT FOR CERTIFICATES, ADDING OF NEW GROUP MEMBERS AND COVERAGE FOR DEPENDENTS WHO ARE INCAPACITATED. |
| | COMPLICATIONS OF PREGNANCY | IDAHO CODE §41-2210. IDAPA 18.01.31 | COMPLICATIONS OF PREGNANCY CANNOT BE EXCLUDED. COMPLICATIONS INCLUDE CESAREAN SECTION DELIVERIES REGARDLESS OF WHETHER IT IS ELECTIVE OR NONELECTIVE. RULE 31 DEFINES COMPLICATIONS OF PREGNANCY. |

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| | EXCLUSION FOR ELECTIVE ABORTION | IDAHO CODE §41-2210A | ALL ELECTIVE ABORTIONS MUST BE EXCLUDED, UNLESS IT IS TO PRESERVE THE LIFE OF THE FEMALE. THE BENEFIT CAN BE ADDED BY SEPARATE ENDORSEMENT WITH ADDITIONAL PREMIUM. |
| | EXTENSION OF BENEFITS DISABLED AND MATERNITY BENEFITS | IDAHO CODE §41-2213, 41-2214 | EXTENSION OF BENEFITS MUST BE PROVIDED FOR 12 MONTHS FOR INDIVIDUALS WHO BECOME DISABLED OR PREGNANT AND CONTINUE TO BE TOTALLY DISABLED AT THE DATE OF DISCONTINUANCE OF THE POLICY. |
| | REPLACEMENT CONTRACTS | IDAHO CODE §41-2215 | ANY CARRIER PROVIDING REPLACEMENT COVERAGE FOR HOSPITAL, MEDICAL OR SURGICAL EXPENSE BENEFITS WITHIN A PERIOD OF 60 DAYS FROM THE DATE OF DISCONTINUANCE OF THE PRIOR POLICY SHALL IMMEDIATELY COVER ALL EMPLOYEES AND DEPENDENTS VALIDLY COVERED UNDER THE PREVIOUS POLICY AT THE DATE OF DISCONTINUANCE. REVIEW THE CODE SITE FOR SPECIFIC REQUIREMENTS. |
| | MAMMOGRAPHY COVERAGE | IDAHO CODE §41-2218 | ALL PLANS OTHER THAN SPECIFIC LIMITED PLANS MUST COVER MAMMOGRAPHY EXAMINATIONS. |
| | COVERAGE PROVIDED TO PERSONS HAVING INSURANCE | IDAHO CODE §41-2220 | INSURERS WHO PROVIDE GROUP DISABILITY COVERAGE SHALL PROVIDE PORTABILITY RIGHTS TO OTHER MAJOR MEDICAL DISABILITY COVERAGE'S. |
| | RENEWABILITY OF COVERAGE | IDAHO CODE 41-4707 | ALL HEALTH BENEFIT PLANS ARE GUARANTEED RENEWABLE AT THE OPTION OF THE SMALL EMPLOYER. A CHANGE IN BENEFITS WITHOUT THE OPTION TO RENEW THE ORIGINAL BENEFITS IS CONSIDERED DISCONTINUANCE. |
| | PRE-EXISTING CONDITIONS | IDAHO CODE 41-4708, IDAPA 18.01.70 | 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 §41-4708 | CREDIT FOR PRE-EXISTING CONDITION WAITING PERIOD MUST BE PROVIDED IF THE INSURED HAD PREVIOUS QUALIFYING COVERAGE AND HAD NO MORE THAN A 63-DAY LAPSE IN COVERAGE. |
| | CONVERSION | IDAHO CODE §41-4708B | GROUP CARRIERS THAT DO NOT HAVE AN INDIVIDUAL PRODUCT ON FILE WITH THE DEPARTMENT WILL PROVIDE A CONVERSION PLAN WITH BENEFITS AT LEAST EQUAL TO THE STANDARDS HEALTH BENEFIT PLAN. THE PREMIUM UNDER THE PLAN SHALL NOT EXCEED 125% OF THE INDEX RATE FOR GROUPS. |

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| | PREMIUM RATE RESTRICTIONS | IDAHO CODE §41-4706. IDAPA 18.01.69(36) | PREMIUM RATES ARE SUBJECT TO RESTRICTIONS ACCORDING TO CLASS OF BUSINESS AND CASE CHARACTERISTICS. A RATE MANUAL FOR EACH CLASS OF BUSINESS SHALL BE FILED WITH THE DEPARTMENT AND ANY CHANGE TO RATING METHODS MUST BE APPROVED. |
| | AVAILABILITY OF COVERAGE | IDAHO CODE §41-4708. 41-4716 | EVERY SMALL EMPLOYER OFFERING HEALTH BENEFIT PLANS SHALL ALSO OFFER ALL BENEFIT PLANS, INCLUDING THE BASIC, STANDARD AND CATASTROPHIC HEALTH BENEFIT PLAN. |
| | COORDINATION OF BENEFITS | IDAPA.18.01.74 | 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. |
| | 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 THAT EXTEND COVERAGE TO A DEPENDENT OR DOMESTIC PARTNER BASED UPON A SEXUAL RELATIONSHIP ARE CONSIDERED VIOLATIVE OF PUBLIC POLICY. |
| | APPLICABILITY | RULE 69 IDAPA 18.01.69 (015) | ALL SMALL GROUP HEALTH BENEFIT PLANS ISSUED TO AN EMPLOYER OF 2- 50 EMPLOYEES WHETHER THE INDIVIDUALS COVERED RESIDE IN IDAHO OR ANOTHER STATE. |
| | PREMIUM RATES | RULE 69 IDAPA 18.01.69 (036) | A RATE MANUAL FOR EACH CLASS OF BUSINESS SHALL BE FILED WITH THE DEPARTMENT AND ANY CHANGE TO RATING METHODS MUST BE APPROVED. |
| | ENTIRE GROUP COVERAGE | RULE 69 IDAPA 18.01.69 (046) | ALL ELIGIBLE EMPLOYEES AND THEIR DEPENDENTS SHALL HAVE THE OPTION OF CHOOSING ONE OR MORE PLANS AND MAY BE SUBJECT TO PARTICIPATION REQUIREMENTS. |
| | RESTRICTIVE RIDERS | RULE 69 IDAPA 18.01.69 (067) | A HEALTH BENEFIT PLAN SHALL NOT BE MODIFIED WITH AN ENDORSEMENT OR RIDER TO EXCLUDE COVERAGE DUE TO AN ELIGIBLE EMPLOYEES OR DEPENDENTS HEALTH CONDITION. |

REQUIREMENTS FOR MANDATED PLANS ONLY

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| | DEFINITIONS | RULE 70 IDAPA.18.01.70 (.004) | ALL CONTRACTS SUBJECT TO RULE 70 MUST BE IN COMPLIANCE WITH THE DEFINITIONS USED IN THIS RULE. |
| | EXCLUSIONS | RULE 70 IDAPA.18.01.70 (.016) | ALL CONTRACTS SUBJECT TO RULE 70 CANNOT INCLUDE EXCLUSIONS OTHER THAN THOSE THAT ARE LISTED IN THIS PROVISION. |
| | SCHEDULE OF BENEFITS | RULE 70 IDAPA 18.01.70 APPENDIX | ALL CONTRACTS CONTAINING THE STANDARD, BASIC AND CATASTROPHIC PLANS, MUST COMPLY WITH THE SCHEDULE OF BENEFITS. |

DATE _____

Signature and Title of Company Officer or Representative