

LARGE GROUP POLICY/CERTIFICATE Filing Checklist – FORM REVIEW REQUIREMENTS

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TOIs: H16G Group Health – Major Medical

Sub TOIs: .002A PPO .002B POS .002C Other

Form #

Form Name

REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Rewards or incentives for insurer wellness or health improvement programs	ORC 3901.56	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
No coverage for non-therapeutic abortion	ORC 3901.87	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Certification of non-English forms	ORC 3902.03 (B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Language, format and certification requirements	ORC 3902.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Standard provisions	ORC 3923.04	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Non-conflicting provisions permitted in policy	ORC 3923.08	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Group sickness and accident insurance – description, definitions and required provisions	ORC 3923.12 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Option for conversion from group policy to individual policy – eligibility and specifications	ORC 3923.122 (A)(B)(C)(D)			Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130 th GA)

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Option for conversion from group policy to individual policy – extension for late notice	ORC 3923.122 (H)			Suspended effective 1/1/2014 through 1/1/2018 (Ohio Senate Bill 9, 130 th GA)
Certain policies exempted	ORC 3923.20	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Reimbursement for services of licensed osteopath, optometrist, chiropractor or podiatrist	ORC 3923.23	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Reimbursement for services of licensed psychologist	ORC 3923.231	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Reimbursement for services of licensed dentist	ORC 3923.232	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Reimbursement for services of certified nurse-midwife performing service in collaboration with licensed physician	ORC 3923.233	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Reimbursement for services of certified mechanotherapist	ORC 3923.234	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Continuing coverage for dependent children	ORC 3923.24	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Kidney dialysis benefit	ORC 3923.25	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for newly born children from the moment of birth	ORC 3923.26	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Outpatient coverage for mental or emotional disorders	ORC 3923.28	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Sickness and accident policies - biologically based mental illness	ORC 3923.281 (A)(B)(C)(D)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Outpatient, inpatient, and intermediate primary care benefits for alcoholism	ORC 3923.29	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Excluding coverage of illness or injury covered by workers' compensation	ORC 3923.36	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Continuing policy upon termination of employment – definitions, requirement and specifications	ORC 3923.38 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Continuing coverage under group policy when reservist is called or ordered to active duty – definitions, requirements and specifications	ORC 3923.381 (A)(B)(C)(D)(E)(F)(G)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage of adopted children	ORC 3923.40	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Screening mammography and cytologic screening benefits	ORC 3923.52	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Policy to include benefits for child health supervision services from moment of birth until age nine	ORC 3923.55	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Conditions applicable to employment related group policies – pre-existing and information to employer	ORC 3923.571 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Conditions applicable to employment related group policies – renewability, rescission and discrimination	ORC 3923.571 (B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Conditions applicable to employment related group policies – special and late enrollment	ORC 3923.571 (D)(E)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Prescription drug limitations or exclusions	ORC 3923.60 (A)(B)(C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage of inpatient care and follow-up for mother and her newborn	ORC 3923.63 (A)(B)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for emergency services	ORC 3923.65	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for routine patient care in eligible cancer clinical trial	ORC 3923.80	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Covered person’s payments not to exceed insurer payments	ORC 3923.81	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

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REVIEW REQUIREMENT	AUTHORITY	INCLUDED YES – NO N/A	PAGE # AND DOCUMENT	COMMENTS
Health care benefit plans covering small employers subject to conditions – pre-existing, creditable coverage	ORC 3924.03 (A)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Overcharges	ORC 3924.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Plan benefits for adopted children	ORC 3924.51	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coverage for person in custody or confined in jail	ORC 3924.53	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coordination of benefits – required language	OAC 3901-8-01 (D)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Coordination of benefits - Appendix A language required	OAC 3901-8-01 (D)(3)(4)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Provider discount disclosure	OAC 3901-8-02	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Notice regarding policies or certificates which are not Medicare supplement policies	OAC 3901-8-08 (S)(5)(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Complaint Procedure	OAC 3901-8-11 (H)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		