

**NON-EMPLOYER GROUP POLICY/CERTIFICATE Filing Checklist – FORM REVIEW REQUIREMENTS**

1

TOIs: H16G NEG Health – Major Medical

Sub TOIs: .001A PPO .001B POS .001C 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 <sup>th</sup> 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 <sup>th</sup> 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		
Coverage of adopted children	ORC 3923.40	<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
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 for nonrenewal or discontinuance of an individual or dependent	ORC 3923.57 (C)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
Additional provisions and non-employment related group requirements	ORC 3923.57 (G)	<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		

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<b>Covered person’s payments not to exceed insurer payments</b>	ORC 3923.81	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Overcharges</b>	ORC 3924.21	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Plan benefits for adopted children</b>	ORC 3924.51	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Coverage for person in custody or confined in jail</b>	ORC 3924.53	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Coordination of benefits – required language</b>	OAC 3901-8-01 (D)(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Coordination of benefits - Appendix A language required</b>	OAC 3901-8-01 (D)(3)(4)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Provider discount disclosure</b>	OAC 3901-8-02	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Notice regarding policies or certificates which are not Medicare supplement policies</b>	OAC 3901-8-08 (S)(5)(a)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		
<b>Complaint Procedure</b>	OAC 3901-8-11 (H)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		