

GROUP Critical Illness/specified disease Disability

This list is not a complete list of all statutes and regulations required to be addressed in form filings. It is intended solely to give companies guidance on common areas that are deficient. It is the company's responsibility to keep abreast of all changes to the Montana Insurance Code. Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.

The below checklists include hyperlinks to the electronic version of the Montana Code Annotated. MCA [33-1-501](#) and MCA [33-1-502](#) is our authority for forms approval

Look at the group structure. The group must be a group defined in [33-22-501](#)

Trust groups must provide all Trust Documents

Association group – the association questionnaire must be completed for each association

Discretionary groups – Each will be considered independently and reviewed by Legal

___ **Statement of Variability (SOV)** [33-15-303](#), [33-22-201](#)(5)
if forms contain bracketed text

___ **Arbitration** [27-5-114](#)(2)
(Delete if in the pol/cert, arbitration unenforceable in MT)

___ **Discretionary clauses not allowed** [33-1-502](#)
(We have a legal opinion from legal)

___ **Certificate** [33-1-501](#)
(Must comply with minimum requirements of MT law)

___ **TPA Administrator** [33-17-102](#), [602](#), [603](#)

___ **Explanation of charges** [33-15-308](#)
(UCR, must contain a clear definition; a complete and accurate description of any and all databases being utilized including a description of the geographical area the data is being collected from; the exact percentage or percentiles must be specified if used; a statement on the schedule page and on the face page of the outline of coverage, disclosing to the insured that the health care provider may charge more than the limits established by the policy's definition, and that the additional charges may not be covered by the pol, cert, membership contract or subscriber contract.)

___ **Return of unearned premium** [33-22-123](#)

___ **Required provisions of group policies** [33-22-502](#)

___ **Continuing group coverage after reduction of work schedule** [33-22-507](#)

_____	Pre-ex condition limitations	<u>33-22-514</u>
	(symptoms, prudent person, consultation language can't be used. Condition must have been diagnosed, treated, medical advice, care was recommended or received 6 months prior the enrollment date.)	
_____	Freedom/practitioners	<u>33-22-111</u>
_____	Coverage phys assistant-certified	<u>33-22-114</u>
_____	Adopted child	<u>33-22-130</u>
_____	Mammography	<u>33-22-132</u>
_____	Fraud statement	<u>33-22-502</u>
_____	Newborn infant	<u>33-22-504</u>
_____	Conformity	<u>33-22-502(4)</u>
_____	Outline of coverage	<u>33-22-521</u>
_____	Continuation coverage handicap	<u>33-22-506</u>
_____	Subrogation	<u>33-22-1601</u> & <u>1602</u>
	(we have a legal opinion from legal about subrogation)	
_____	Gender discrimination	<u>49-2-309</u>
	(Montana is unisex, benefits can't differ because of sex)	
_____	Health discrimination	<u>33-22-526</u>
_____	Time limit for reimbursement or offsets	<u>33-22-150</u>
	If in the policy/cert it must comply	
_____	Offset agreement	<u>33-22-151</u>
	If in the policy/cert it must comply	
_____	Review <u>Chapter 15</u> to the extent of the coverage	
_____	Actuarial - non-gender	<u>49-2-309</u>
_____	Utilization Review	<u>Title 33, Ch. 32</u>
	(if medical necessity is used to determine benefit payment or medical necessity a UR plan must be on file with the Department)	
_____	Notice required for cancellation or refusal to renew	<u>33-22-121</u>
_____	Policy changes/premium increase	<u>33-22-107</u>
_____	Pregnancy-treated as a sickness	<u>49-2-309</u> (and cannot be excluded; if the policy does not cover sickness, "sickness" should be the exclusion not "pregnancy". Also, "complications of pregnancy" cannot be used. Pregnancy is pregnancy and must be treated the same as sickness.)