

GROUP HOSPITAL/FIXED INDEMNITY

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 Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.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 and sent to legal for determination of eligible group

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

___ **Coordination between the provision of benefits and an exclusion of benefits under any other health coverage is NOT ALLOWED**

___ **Benefits are paid in a fixed dollar amount regardless of the amount of expenses incurred and w/out regard to the amount of benefits provided with respect to an event or service under any other health coverage**

___ **Arbitration** (not allowed) [27-5-114\(2\)](#)

___ **Discretionary clauses** (not allowed) [33-1-502](#)

___ **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.)

___ **Guaranteed Renewability Employer group** [33-22-524](#)

___ **Minimum hospital stay following childbirth** [33-22-133](#)

___ **Post mastectomy care** [33-22-134](#)

_____	Return of unearned premium	<u>33-22-123</u>
_____	Recovery of overpayments	<u>33-22-150</u>
_____	required provisions of group policies	<u>33-22-502</u>
_____	Continuing group coverage after reduction of work schedule	<u>33-22-507</u>
_____	Premium increase restriction/policy changes	<u>33-22-107</u> (if in policy, must comply)
_____	Pre-ex condition limitations	<u>33-22-514</u>
_____	Freedom/practitioners	<u>33-22-111</u>
_____	Coverage physician assistant-certified	<u>33-22-114</u>
_____	Adopted child	<u>33-22-130</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 (We have a legal opinion on subrogation)	<u>33-22-1601 & 1602</u>
_____	Gender discrimination	<u>49-2-309</u>
_____	Health discrimination	<u>33-22-526</u>
_____	Time limit for reimbursement or offsets If in the policy/cert it must comply	<u>33-22-150</u>
_____	Offset agreement If in the policy/cert it must comply	<u>33-22-151</u>
_____	Review Chapter 15 to the extent of the coverage	
_____	Actuarial	Look for non-gender.
_____	Utilization Review (If medical necessity is used to determine benefit payment a UR plan must be on file with CSI)	<u>Title 33, Ch. 32</u>

Pregnancy must be treated as a sickness (49-2-309) 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. Any type of pregnancy is pregnancy and must be treated the same as sickness.