

GROUP Dental certified and exchange plans

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 Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.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

Dental plans must cover the same benefits as the benchmark plan

Must provide pediatric dental EHB (medically necessary orthodontia w/out 24 month waiting period)

Also use the current letter to issuers from CCIO.

The Patient's right to know of insurance coverage disclosure must be in the policy, refer to the 8/21/09 advisory for specific disclosure language.

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

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

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

- ___ **TPA, Administrator** [33-17-102](#), [602](#), [603](#)
(If other than the Co. will administer the policy, must use a licensed TPA)

- ___ **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.)

- ___ **Utilization Review – Chapter 32** (If medical necessity is used to determine benefit payment a UR MUST be on file with the Department)

- ___ **Premium increase restriction** [33-22-107](#) (if in policy, must comply)

- ___ **Pre-ex condition limitations** [33-22-514](#)

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

_____	Freedom/practitioners	<u>33-22-111</u>	
_____	Coverage phys assistant-certified	<u>33-22-114</u>	
_____	Adopted child	<u>33-22-130</u>	
_____	Fraud statement	<u>33-22-502</u>	
_____	Cont. of coverage/death of insured	<u>33-22-503</u>	
_____	Newborn infant	<u>33-22-504</u>	
_____	Conformity	<u>33-22-502(4)</u>	
10/2013			
_____	Outline of coverage	<u>33-22-521</u>	
_____	Subrogation	<u>33-22-1601</u>	(If in policy, it must comply)
_____	Gender discrimination	<u>49-2-309</u>	(pregnancy cannot be excluded)
_____	Coordination of Benefits	<u>6.6.2401</u>	
_____	Health discrimination	<u>33-22-526</u>	
_____	Continuation coverage reduced work schedule	<u>33-22-507</u>	
_____	Time limit for reimbursement or offsets	<u>33-22-150</u>	
_____	Offset agreement	<u>33-22-151</u>	
_____	Definitions	<u>33-22-140</u>	
_____	Review <u>Chapter 15</u> to the extent of the coverage		
_____	Actuarial - non-gender	<u>49-2-309</u>	