

Individual HOSPITAL INDEMNITY Policy Requirements

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 Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.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

Title 33 Chapter 22

_____ Certificate	33-1-501 (1)(b)
_____ Discretionary clauses	33-1-502
_____ Explanation of charges	33-15-308
_____ Policy Content	33-15-303
_____ Minimum policy language	33-15-325 (no lower than 40)
_____ Right to Examine 10 day free look	33-15-415
_____ Arbitration (not allowed)	27-5-114
_____ Prem. increase restriction – pol changes	33-22-107
_____ Exclusionary rider restriction	33-22-109
_____ Freedom of choice/practitioner	33-22-111
_____ Physicians assistants-certified for health services provided by physician asst-certified as would be covered by physicians, if services are covered by the contract)	33-22-114 (shall provide coverage for health services provided by physician asst-certified as would be covered by physicians, if services are covered by the contract)
_____ Adopted Child	33-22-130
_____ Minimum Hospital Stay following Childbirth	33-22-133
_____ Postmastectomy care	33-22-134
_____ Definitions	33-22-140
_____ Entire contract	33-22-204
_____ Time limit on certain defenses	33-22-205

_____	Grace period	<u>33-22-206</u>
_____	Reinstatement	<u>33-22-207</u>
_____	Notice of claim	<u>33-22-208</u>
_____	Claim forms	<u>33-22-209</u>
_____	Proofs of loss	<u>33-22-210</u>
_____	Time of payment of claims	<u>33-22-211</u>
_____	Payment of claims	<u>33-22-212</u>
_____	Legal action	<u>33-22-214</u>
_____	Change of beneficiary	<u>33-22-215</u>
_____	Misstatement of Age	<u>33-22-223</u>
_____	Conformity with State Statutes	<u>33-22-229</u>
_____	Outline of coverage	<u>33-22-244</u>
_____	Preexisting condition limitation	<u>33-22-246</u>
_____	Guaranteed renewability	<u>33-22-247</u> (If the benefit is a fixed amount and is paid to the provider the policy must be guaranteed renewable. If benefit is paid to the insured guaranteed renewability does not apply.)
_____	Newborns	<u>33-22-301</u>
_____	Cont. of coverage/handicapped	<u>33-22-304</u>
_____	Severe Mental Illness	<u>33-22-706</u>
_____	Subrogation	<u>33-22-1601</u> & <u>1602</u>
_____	Utilization Review	<u>Title 33 Chapter 32</u>
_____	Non-gender	<u>49-2-309</u>
_____	Medicare Disclosure	<u>ARM 6.6.526</u>
_____	Review <u>Chapter 15</u> to the extent of the coverage	
_____	ACA Disclosure - <u>Policy Form: page 1</u>	

“THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.”

Application

“THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

I certify, by signing below, that I am covered by a major medical policy or other coverage that satisfies the minimum essential coverage under the Affordable Care

Proposed Insured Signature _____