

## **Short-Term, Limited Duration Insurance Policy Requirements, Title 33 chapter 22**

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 Pursuant to § 33-1-501(4), CSI approval of any form may be withdrawn at any point for any reason enumerated in the statute.

### **Revised regulations effective October 2, 2018**

- Must have an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and,
- renewals or extensions, has a duration of no longer than 36 months in total;
- Displays prominently on **both** the contract and application materials in **14-point type** the required notice.
- See required notice information below:

### **Notice 1: Effective October 2, 2018**

“This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage. Also, this coverage is not “minimum essential coverage.” If you don't have minimum essential coverage for any month in 2018, you may have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.”

### **Notice 2: Effective on or after January 1, 2019**

“This coverage is not required to comply with certain federal market requirements for health insurance, principally those contained in the Affordable Care Act. Be sure to check your policy carefully to make sure you are aware of any exclusions or limitations regarding coverage of preexisting conditions or health benefits (such as hospitalization, emergency services, maternity care, preventive care, prescription drugs, and mental health and substance use disorder services). Your policy might also have lifetime and/or annual dollar limits on health benefits. If this coverage expires or you lose eligibility for this coverage, you might have to wait until an open enrollment period to get other health insurance coverage.”

Arbitration not allowed	<a href="#">27-5-114</a>
Discretionary clauses not allowed	<a href="#">33-1-502</a>
Contents of Policy	<a href="#">33-15-303</a>
Explanation of charges	<a href="#">33-15-308</a> (reasonable & customary)
Flesch	<a href="#">33-15-325</a>
Free Look	<a href="#">33-15-415</a>
Premium increase restriction	<a href="#">33-22-107</a>
Exclusionary rider restriction	<a href="#">33-22-109</a>
Preexisting condition Exclusion	<a href="#">33-22-110</a>
Freedom of choice/practitioner	<a href="#">33-22-111</a>
Physicians assistants-certified	<a href="#">33-22-114</a>
Notice required for cancellation	<a href="#">33-22-121</a>
Independent chiropractic physical examination or review of records	<a href="#">33-22-125</a>
Adopted child	<a href="#">33-22-130</a>
Inborn errors of metabolism	<a href="#">33-22-131</a>
Mammography	<a href="#">33-22-132</a>
Minimum Hospital Stay following Child-birth	<a href="#">33-22-133</a>
Post-mastectomy Care	<a href="#">33-22-134</a>
Reconstructive Breast Surgery	<a href="#">33-22-135</a>
Cost-sharing requirements	<a href="#">33-22-137</a> (only if included)
Telemedicine cannot be excluded	<a href="#">33-22-138</a>
Reciprocal limitations on claim filing	
And claim audits	<a href="#">33-22-150</a>
Format and Content	<a href="#">33-22-201</a>
Entire contract	<a href="#">33-22-204</a>
Time limit on certain defenses	<a href="#">33-22-205</a>
Grace period	<a href="#">33-22-206</a>
Reinstatement	<a href="#">33-22-207</a>
Notice of claim	<a href="#">33-22-208</a>
Claim forms	<a href="#">33-22-209</a>
Proofs of loss	<a href="#">33-22-210</a>

Time of payment of claims	<a href="#"><u>33-22-211</u></a>
Payment of claims	<a href="#"><u>33-22-212</u></a>
Physical examination and Autopsy	<a href="#"><u>33-22-213</u></a>
Legal action	<a href="#"><u>33-22-214</u></a>
Change of beneficiary	<a href="#"><u>33-22-215</u></a>
Conformity	<a href="#"><u>33-22-229</u></a>
Outline of coverage	<a href="#"><u>33-22-244</u></a>
Newborns	<a href="#"><u>33-22-301</u></a>
Well-child	<a href="#"><u>33-22-303</u></a>
Continuity of coverage	<a href="#"><u>33-22-307</u></a>
Subrogation	<a href="#"><u>33-22-1601</u></a>
Network Adequacy	<a href="#"><u>33-22-Part17</u></a> (must submit templates)
Ob-gyn-primary care	<a href="#"><u>33-22-Part19</u></a>
Non-gender	<a href="#"><u>49-2-309</u></a>
Utilization Review	<a href="#"><u>Title 33 Chapter 32</u></a>
Medicare Disclosure Statement	<a href="#"><u>6.6.526 ARM</u></a>