This Checklist Applies to the Following Types of Insurance (TOI):

* H10I Individual Health – Dental
* HOrg04I Individual Health - Single Service Dental
* HOrg05I Individual Health - Single Service Vision

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|  | **FILER: PLEASE TYPE IN THE SERFF FILING NUMBER AND EACH FORM NUMBER SUBMITTED FOR DOI APPROVAL IN THIS FILING, AND LIST THE TOI THAT APPLIES** |
|  | [SERFF filing number and form numbers here] | [TOI here] |
| **(DOI reviewer)****Check as completed** | **Review Requirements** | **Reference** | **Description** | **Page number, form name & number if separate document, or N/A** |
|  | **COVER PAGE** |
| 🞏 | Full Company name and address | [§ 44-350](https://nebraskalegislature.gov/laws/statutes.php?statute=44-350&print=true) | Advisable to include contact phone and email for questions. |  |
| 🞏 | “Free Look” period | [§ 44-710.18](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.18&print=true) | Policy can be returned for full refund and is voided.If new policy, within 10 days; if direct mail, within 30 days.  |  |
| 🞏 | Descriptive title | [§ 44-710.01 (4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | A brief description of the type of coverage.  |  |
| 🞏 | One officers’ signature required on face page | [§44-710.03 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Can be bracketed as variable for future replacement of officers. |  |
| 🞏 | Application and Premium | [§ 44-710.01 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Entire money and other considerations expressed therein. |  |
| 🞏 | Effective Date | [§ 44-710.01 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | The time insurance takes effect and terminates. Include renewability information. |  |
| 🞏 | Form number | [§ 44-710.01 (6)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Must be on all pages including cover, in the lower left corner to identify and distinguish form from all others used by company. Must match form number on SERFF Form Schedule tab and NE Filing Form List. |  |
|  | **COVER PAGE DISCLOSURES** |
| 🞏 | THIS POLICY IS NOT MEDICARE SUPPLEMENT COVERAGE. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company. | [NAIC Medicare Supplement Insurance Minimum Standards Model Act, Section 17, A.,(6)(a)](https://doi.nebraska.gov/sites/doi.nebraska.gov/files/doc/MO651.pdf) | Required if sold to people age 65 or older. |  |
|  | **SCHEDULE PAGE****[may be submitted as a septate insert page]** |
| 🞏 | Complete Schedule of Benefits page with hypothetical variable data  | Industry norm | Include amount of premiums, benefit amount ranges, benefit limitations, maximums, age reductions, date ranges, waiting periods, coverage types, effective date and eligible persons. |  |
|  | **DEFINITIONS** |
| 🞏 | Policy and Statutory definitions, if any  |  | Include definitions for terms used in contract. |  |
| 🞏 | Eligibility, Dependents | [§ 44-710.01 (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | May insure one adult as policyholder and 2 or more eligible members of family, including spouse, dep. children, full-time student, or any children under a certain age not to exceed age 30. |  |
| 🞏 | Disabled Child | [§ 44-710.01 (3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.01&print=true) | Reaching age limit shall not terminate child’s coverage if incapable of self-support due to intellectual or physical disability. Furnish proof within 31 days of limiting age. |  |
| 🞏 | Newborn Baby | [44-710.19](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.19&print=true) | Covered from moment of birth. Automatic coverage first 31 days. |  |
| 🞏 | Adopted Child | [44-799](https://nebraskalegislature.gov/laws/statutes.php?statute=44-799&print=true) | Covered from date of placement and shall be the same as for other dependents. |  |
|  | **STANDARD MANDATORY PROVISIONS** |
| 🞏 | Policy fees |  [44-354](https://nebraskalegislature.gov/laws/statutes.php?statute=44-354) | Disclose any fees in the policy schedule.  |  |
| 🞏 | Entire contract | [§ 44-710.03 (1)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | The policy and any attached papers (endorsements, riders, amendments and application) constitute the entire contract. No policy change valid unless approved & signed by executive officer. |  |
| 🞏 | Time Limit on Certain Defenses and incontestability | [§ 44-710.03 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | After two years from date of policy issue, no misstatements, except fraudulent misstatements, made in application may be used to void policy or deny claim. |  |
| 🞏 | Grace Period |  [§ 44-710.03 3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Policy continues in force during Grace Period. Usually 31 days. |  |
| 🞏 | Reinstatement | [§ 44-710.03 (4)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | If money accepted with no reinstatement app, it is reinstated. If app required and a conditional receipt is given, the policy is reinstated upon approval or 45 days following date of conditional receipt unless insurer provides disapproval in writing.• Reinstated policy covers loss from accidental injury after reinstatement date.• Reinstated policy covers loss due to sickness more than 10 days after reinstatement date.• Premium applied to period not more than 60 days prior to date of reinstatement. |  |
| 🞏 | Notice of Claim | [§ 44-710.03 (5)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 20 days after loss or as soon as reasonably possible |  |
| 🞏 | Claim Form | [§ 44-710.03 (6)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | If claim forms not furnished by insurer within 15 days, file proof of loss. |  |
| 🞏 | Proof of Loss | [§ 44-710.03 (7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 90 days after loss or as soon as possible but no later than one year unless legally incapacitated. |  |
| 🞏 | Time of Payment of Claim | [§ 44-710.03 (8)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Immediately upon receipt of proof of loss. (Will accept within 30 days.) |  |
| 🞏 | Payment of Claim | [§ 44-710.03 (9)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Minor or incompetent to give valid release – can pay to relative up to $5000 |  |
| 🞏 | Physical Exam and Autopsy | [§ 44-710.03 (10)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | At insurer’s expense as often as reasonably required during pendency of claim |  |
| 🞏 | Legal Actions | [§ 44-710.03 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | 60 days, 3 years |  |
| 🞏 | Change of Beneficiary | [§ 44-710.03 (12)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true) | Right to change beneficiary unless irrevocable. |  |
| 🞏 | Conformity with State and Federal Law | [§ 44-710.03 (13](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.03&print=true)) | Based on where insured resides on effective date of policy. |  |
|  | **PERMISSIVE PROVISIONS** |
| 🞏 | Misstatement of Age | [§ 44-710.04 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | If age of insured has been misstated, the amount payable under the policy shall be such as the premium paid would purchase at the correct age. Misstatement of “Facts” is too broad. |  |
| 🞏 | Felony exclusion | [§ 44-710.04 (10)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Commission of or attempt to commit a felony or being engaged in an illegal occupation. |  |
| 🞏 | Intoxicants and Narcotics exclusion | [§ 44-710.04 (11)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true) | Insured being intoxicated or under influence of narcotics unless administered on advice of physician. |  |
| 🞏 | Unpaid premium | [§ 44-710.04 (7)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.04&print=true)  | Can deduct from claim. |  |
|  | Coordination of Benefit |  [Title, 210, Chapter 39](https://www.nebraska.gov/rules-and-regs/regsearch/Rules/Insurance_Dept_of/Title-210/Chapter-39.pdf)  | Assurance compliant |  |
|  | **OTHER** |
| 🞏 | Grievance Rights Disclosure | [§44-7](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307)[307(2)(b)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307) | For plans with a provider network, description of grievance procedures just be provided to insure.  |  |
| 🞏 | Right to contact the Director | [§44-7307(2)(c)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7307) | For plans with a provider network, grievance procedure documents must include right to contact Director for rights to assistance at any time, telephone and address are required. |  |
| 🞏 | Grievance contents | NE Filing Requirement | For plans with a provider network, must provide contact information to file a grievance: physical address, email are permissible.  |  |
| 🞏 | Electronic delivery | [§44-315](https://nebraskalegislature.gov/laws/statutes.php?statute=44-315) | Consumer must be given option to opt out of electronic process. |  |
| 🞏 | Hold harmless | General Fairness Requirement. [§ 44-511](https://nebraskalegislature.gov/laws/statutes.php?statute=44-511&print=true) | Remove any “hold harmless” language from the application or policy when:Form language states that the company or producers are held harmless for any losses or liabilities. We will object to hold harmless language if the insured person could be harmed in any way. The company is responsible for its officers, employees and agents and cannot waive its liability. There must be a means of recourse to provide a safety net for the consumer. |  |
| 🞏 | No arbitration | [§ 25-2602.01](https://nebraskalegislature.gov/laws/statutes.php?statute=25-2602.01&print=true) | Nebraska does not allow arbitration in any insurance contracts. |  |
| 🞏 | Subrogation | [BCBS, Inc. v. Dailey, 733,687 N.W.2nd 689 (2004](https://law.justia.com/cases/nebraska/supreme-court/2004/394.html)) | The insured must be fully compensated before the insurer may subrogate against its insured. |  |
| 🞏 | Exclusion for incarceration | Nebraska Filing Requirement | DOI allows exclusion for incarceration.  |  |
| 🞏 | Court Ordered  | Nebraska Filing Requirement | Exclusion for court ordered services allowed but must include exception for medically necessary services. |  |
| 🞏 | Death of Insured – refund unearned premium | [§ 44-310](https://nebraskalegislature.gov/laws/statutes.php?statute=44-310&print=true) | In the event of the death of the insured, the insurer shall refund the unearned premium prorated to the month of the insured's death if the request has been made within one year after the insured's death. The refund of the premium and termination of the coverage shall be without prejudice to any claim originating prior to the date of the insured's death. |  |
| 🞏 | Corresponding rate filing  | [§44-710](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710) | Provide the corresponding rate filing SERFF # |  |
|  | **PROVISIONS SPECIFIC TO DENTAL PLANS** |
| 🞏 | Payment method | [§ 44-7,110](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,110&print=true) | Claim payment cannot be restricted to only credit card payment. |  |
| 🞏 | Fee schedules or documents using Dental Procedure Codes | [§ 44-7,105](https://nebraskalegislature.gov/laws/statutes.php?statute=44-7,105&print=true)[§ 44-3805(3)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3805&print=true) | Insurers and prepaid limited health service organizations and prepaid dental service corporations, health carriers cannot set the price for services that are not covered by the plan.  Please provide assurance that the fee schedule submitted as part of this filing only sets prices for services covered by the filed policy.  See <https://doi.nebraska.gov/news/notice-interpretation-%E2%80%9Ccovered-service%E2%80%9D-new-laws-about-dental-plans> for more information. |  |
|  | **PRODUCT VARIATIONS - Stand Alone Pediatric Dental Plans****These requirements only apply to certain products – see the left column for product types.** |
| 🞏 | Provides Essential Health Benefit for PediatricDental to age 19. | PHSA §2707 | Must be substantially similar to benchmark plan ‐ BCBS.Coverage at least until the end of month in which the enrollee turns 19 years of Age. Can be higher age but not lower. |  |
| 🞏 | No lifetime dollar limits on pediatric dental benefits, which are considered Essential Health Benefits (EHB). Applies to both in or out‐of‐network. | PHSA §2711 75 Fed Reg.37188, 45 CFR §147.126 and 155.1065(a)(2) | Issuers are not prohibited from using lifetime limits for specific benefits that are not EHB.Tip: Check benefit maximums on schedule and in policy language to ensure there are nodollar limits. |  |
| 🞏 | No annual dollar limits on pediatric dentalbenefits, which are EHB.Applies to both in or out‐of‐network. | PHSA § 271175 Fed Reg. 3718845 CFR § 147.126;and155.1065(a)(2) | Issuers are not prohibited from using annuallimits for specific benefits that are not EHB.Tip: Check benefit maximums on schedule andin policy language to ensure there are nodollar limits. |  |
| 🞏 | Annual limitation on Cost SharingCost sharing for a stand‐alone pediatric dental plan must be $350 per child, $700 for two or more children. | 45 CFR§156.150(a) | Once any enrolled child reaches $350 in out of pocket spending, the plan may notcharge additional out of pocket costs for that child; regardless of whether the plan hasone or more enrolled children.The $700 limit applies to two or more enrolled children. A family cannot be charged further out of pocket costs once all enrolled children collectively have reached$700 in out of pocket costs. |  |
| 🞏 | Actuarial Value:Must calculate the actuarial value. High and low AV plans no longer required and do not need to be entered into the template. No cost sharing reduction (CSR) for SADPs. | 45 CFR §156.150(b) | AV is measured as a percentage of expected health care costs a will cover; based on the cost‐sharing provisions for a set of benefits. The level of coverage must be calculated and certified by a member of the American Academy of Actuaries using generally accepted actuarial principles. Submit Rate Template, Actuarial Memorandum and actuarial certification. Indicate if rates are estimated or guaranteed. The URRT is not applicable to Dental. |  |
| 🞏 | No Waiting Periods on EHB’s | 26 CFR § 54.9815-2708 | No waiting periods allowed on pediatric dental such as orthodontia. |  |
| 🞏 | Provide and disclose enrollment periods forqualified individuals:Annual Open Enrollment complianceSpecial Enrollment Periods | 26 CFR 54.9801‐6(a)(3)(i) through(iii)45 CFR 155.725 | Special enrollment applicant must provide documentation to verify qualifying event within 30 days. |  |
| 🞏 | Effective Dates of CoverageFor Small group market:For plan selections received between the 1st and 15th day of month, coverage is effective on the first day of the following month.For plan selections received between the 16th and last day of the month, coverage is effective on the first day of the second following month. |  |  |  |
| 🞏 | Orthodontia is covered if medically necessary only. Includes treatment for a child with severe, dysfunctional handicapping malocclusion. | 45 CFR156.115(d) | Issuer of a plan offering EHB may not includenon‐medically necessary orthodontia as anEHB.No waiting periods allowed. |  |
| 🞏 | Network AdequacyReasonable accessibility, non‐discrimination,sufficient number of specialists, and 20%ECPs.No partial counties unless substantial justification provided.Easy access to accurate, current provider directory. |  |  |  |
| 🞏 | Claims Procedures:• Acknowledge any claims communication within 15 days.• Determination for claim must be made within 15 days of receipt.• Written notice of denial must be sent within 15 days of determination.• Extension up to 30 days allowed if necessary due to matters beyond the control of the issuer.• Notice of extension must be provided to the claimant prior to expiration of the initial 15 day period.• The claimant has at least 45 days from the receipt of notice to provide the specified information. | ClaimsProceduresRequired: §44‐710.03Chapter 61 §006,008. ERISA29 CFR §2560.503‐1 | • The issuer must indicate the circumstances requiring the extension and date by which the issuer expects to render a decision.• If claimant fails to provide necessary information, the issuer must provide notice,which includes the specific information needed to make a decision. |  |
| 🞏 | Internal appeal ‐ processes, rights and required notices:• A Covered Person or their representative has the right to appeal.• A Covered Person or their representative may review the claim file and submit evidence as part of the internal appeals process.• A Covered Person has 180 days to file an appeal.• The determination must be made in writing within 15 working days after receipt of the claimant’s appeal.• Urgent or expedited reviews require a decision within 72 hours after the review is commenced. | NE Grievance Procedures: NE Rev. Stat.§ 44‐7308, 44‐7310,44‐7311PHSA §2719(75 Fed Reg.43330; 76 FedReg. 37208,45 CFR §147.136) | The External Review is not available for Dental plans. |  |
|  |  **APPLICATION** |
| 🞏 | If previously approved  | NE Filing Requirement  | Provide form number and SERFF tracking #.  |  |
| 🞏 | Authorization to Release Information | [§ 44-917(1)(e)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917&print=true)[§ 44-917 (2)](https://nebraskalegislature.gov/laws/statutes.php?statute=44-917&print=true) | Signature valid for up to 24 months and must include the right to revoke. |  |
| 🞏 | Electronic application and delivery of documents or notices | [§ 44-315](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nebraskalegislature.gov%2Flaws%2Fstatutes.php%3Fstatute%3D44-315&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=mJRZQE36Yra%2FkZRiYR%2FUSlrSELpAgaJQTRv%2BLRSr7OY%3D&reserved=0)[Federal ESIGN law, 15 U.S.C. 7001.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fdic.gov%2Fregulations%2Fcompliance%2Fmanual%2F10%2Fx-3.1.pdf&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Mz6vdcx5dR627Z7EBBDRNg%2B%2BX5uiaHZlR7X34tufrxM%3D&reserved=0)[(UETA), §§ 668.50(5) and (8), F.S.](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.fdic.gov%2Fregulations%2Fcompliance%2Fmanual%2F10%2Fx-3.1.pdf&data=04%7C01%7CMaggie.Reinert%40nebraska.gov%7C5fd8245658dd4acc55b908d9f0a1a6ef%7C043207dfe6894bf6902001038f11f0b1%7C0%7C0%7C637805399347431733%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000&sdata=Mz6vdcx5dR627Z7EBBDRNg%2B%2BX5uiaHZlR7X34tufrxM%3D&reserved=0) | Consumer must affirmatively consent to electronic delivery and be given notice of option to withdraw consent.Describe safeguards used to protect private and confidential information. Must be in accord with Uniform Electronic Transaction Act.Recorded telephone conversations do not count as electronic signatures. |  |
| 🞏 | Health questions | Nebraska filing requirement | Questions regarding health must be within time frame of last ten years or less. |  |
| 🞏 | Ambiguous questions | Nebraska filing requirement | Questions must be clear and specific. Ambiguous or open ended questions not allowed. |  |
|  | **ENDORSEMENTS, RIDERS, OR AMENDMENTS****For additional forms submitted for approval, please list each here by form number. Each of these must comply with the requirements for officer signature, form number in the lower left corner of every page, descriptive title, company name, premium payment or fees (if applicable), and effective date (if not stated on schedule). Please complete the fields below as indicated.** |
| 🞏 | Signature requirement  | [§44-710.17](https://nebraskalegislature.gov/laws/statutes.php?statute=44-710.17) | If restricting coverage, and if endorsement/rider will apply to already inforce policies, signature of insured is required. | Provide assurance that endorsement/rider will only apply to newly issued policies or provide form to be used to collect insured’s signature. |
| 🞏 | Title of document | Form number | Reference to SERFF filing for previous approval, if applicable | N/A if any of the listed requirements do not apply |
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|  | **SUPPORTING DOCUMENTS REQUIRED****Reference name of separate document in right column.** |
| 🞏 | Actuarial memorandum | NE Filing Requirement | Must be dated and signed by Actuary. Rates are required to be filed as a separate SERFF filing.  |  |
| 🞏 | Flesch /readability certification | [§ 44-3405](https://nebraskalegislature.gov/laws/statutes.php?statute=44-3405&print=true)NE Filing Requirement | Minimum score of 40.  |  |
| 🞏 | Redlined version  | NE Filing Requirement | If replacing existing previous version.  |  |
| 🞏 | Statement of variables (SOV) | NE Filing Requirement | Any bracketed language must be explained in a Statement of Variability (SOV). |  |
| 🞏 | NE Filing Form List | NE Filing Requirement | Use page 2 for additional forms. |  |
|  | **EXPLANATION FOR ANY ITEMS MARKED NOT APPLICABLE** |
| 🞏 | Please use this space provide an explanation for any checklist requirement marked “N/A” to avoid receiving an objection in SERFF. |

**CERTIFICATION OF COMPLIANCE**

I, the undersigned authorized filer, hereby certify that this filing complies with applicable Nebraska statutes, regulations, Bulletins and guidelines, to the best of my knowledge. This filing contains no unusual or controversial content according to insurance industry norms. The forms included in this filing contain no unfair, unjust, inequitable, misleading or deceptive provisions or language. I am authorized to sign on behalf of the Company identified below.

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Name of Company

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Typed Name of Authorized Filer (Electronic Signature) Date