

## Wyoming Insurance Department

### Review Requirement Checklist

### Large Group Health

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Wyoming Insurance Department	Statutes	<a href="http://legisweb.state.wy.us">http://legisweb.state.wy.us</a>
Wyoming Insurance Department	Rules and Regulations	<a href="http://soswy.state.wy.us">http://soswy.state.wy.us</a>
Wyoming Insurance Department	Memoranda/Dept. Position	
<b>REVIEW REQUIREMENTS</b>	<b>REFERENCE</b>	<b>COMMENTS</b>
<b>General Requirements</b>	W.S. §26-15-110	Filing Requirements
Transmittal Letter	Wyoming Uniform Filing Procedure	All filings shall:
		Contain the company's name, address, NAIC number and company phone number.
		Be sent in duplicate.
		Have a self-addressed, postage paid envelope.
		Have a "SUBJECT" line briefly describing the filing type.
		Contain an itemized listing of each policy form and endorsement, including form number.
		Contain the name of the individual responsible for the preparation of the filing.
		Contain a Certification of Compliance signed by an officer of the company, attorney or actuary.
<b>Forms</b>		No filing fee for rate or form filings.

Policy Contents and Identification	W.S. §26-15-113	The policy shall specify: -the names of the parties to the contract; -the subject of the insurance; -the risks insured against; -the time when the insurance takes effect and the period during which the insurance continues; -the premium; -the conditions pertaining to the insurance; and -benefits payable.
Renewal or Extension	W.S. §26-15-121	The policy shall be renewable at the option of the insured except for: -nonpayment of premium; -fraud or misrepresentation by the insured; or -the insurer elects to nonrenew.
Assignability	W.S. §26-15-122	The policy is assignable or not assignable as provided by its terms.
Proceeds Exempt From Creditors	W.S. §26-15-131	Except as otherwise provided by the policy or contract, the proceeds are exempt from claims of creditors.
Required Provisions	W.S. §26-19-107	
Entire Contract	W.S. §26-19-107	The policy, endorsements and application , if any, of the policyholder and persons insured constitutes the entire contract.
Notice of Claim	W.S. §26-19-107	Written notice of claim shall be given to the insurer within twenty (20) days or as soon as reasonably possible.
Claim Forms		The insurer shall furnish claim forms within fifteen (15) days of notice.
Proof of Loss		Written proof of loss shall be furnished to the insurer within ninety (90) days of the loss or as soon as reasonably possible.
Claims Payment		Other than benefits for loss of time, benefits are payable not more than forty five (45) days after receipt of proof of loss and supporting documentation.
Examination and Autopsy		The insurer, at its own expense, may examine the insured as often as reasonable during pendency of a claim and make an autopsy, if not prohibited by law.

Legal Action		No action at law or in equity shall be brought to recover under the policy prior to the expiration of sixty (60) days after written proof of loss and no action shall be brought after three (3) years.
Grace Period		The policyholder is entitled to a thirty one (31) day grace period for the payment of premium due except the first. The policy shall continue in force during the grace period unless the policyholder gives the insurer advanced written notice of discontinuance.
Incontestability		Except for nonpayment of premium, the validity of the policy shall not be contested after it has been in force for two (2) years from the date of issue.
Preexisting Conditions		The policy follows the HIPAA 6/12 preexisting condition exclusion provision with portability credit for creditable coverage continuous to within ninety (90) days of enrollment.
Misstatement of Age	W.S. §26-19-107	If premiums or benefits vary by age, a provision shall specify an equitable adjustment or premiums, benefits or both if the age of the covered person is misstated and the manner of so doing.
Certificate of Coverage		The insurer shall deliver to the policyholder individual certificates for distribution to covered persons.
Cancer Screening		The policy shall provide benefits for breast, cervical, colorectal and prostate cancer screens without application of a deductible with a \$250 per year benefit. Policies with a deductible of \$1000 or higher are exempt.
Adult Wellness Benefits Disclosure		The policy shall provide a notice on the face page of the policy of not less than fourteen (14) point bold type, as to the extent as to which the policy includes comprehensive adult wellness benefits as described in W.S. 26-19-107(h).

Nondiscrimination		<p>No policy shall treat the following as a preexisting condition:</p> <ul style="list-style-type: none"> <li>- pregnancy existing on the effective date of coverage;</li> <li>- genetic information absent a diagnosis of a condition related to the genetic information;</li> </ul> <p>No policy shall establish rules for eligibility, including continued eligibility based upon any of the following health status related factors:</p> <ul style="list-style-type: none"> <li>- health status;</li> <li>- medical condition, including both physical and mental illness;</li> <li>- claims experience;</li> <li>- receipt of health care;</li> <li>- medical history;</li> <li>- genetic information;</li> <li>- evidence of insurability, including conditions arising out of acts of domestic violence, and;</li> <li>- disability.</li> </ul>
Payment of Benefits	W.S. §26-19-107	<p>Benefits are payable to the insured or to his designated beneficiary(ies) or to his estate. If the insured is a minor or otherwise not competent to give a valid release, the benefits may be made payable to his parent, guardian or other person actually supporting him.</p> <p>At the insurer's option and unless the insured requests otherwise in writing not later than at filing proof of loss, benefits may be paid directly to the hospital or person rendering the service(s).</p>
Group Replacement	W.S. §26-19-201	<p>The policy shall provide for continuance of coverage for all participants when a succeeding carrier's contract replaces a prior plan's benefits as prescribed in this section.</p>
Non-custodial Children	W.S. §26-15-135	<p>The policy shall have a provision that it may not refuse to provide medical coverage for a dependent child for the sole reason that the child is not living in the home of the parent applying for the policy.</p>
All Licensed Health Professionals	W.S. §26-22-101	<p>The policy will provide that reimbursement for covered services shall not be denied if the services are rendered to the insured by a person licensed under the laws of Wyoming to treat the illness or disability or perform the health services covered by the contract or policy.</p>

Public Institutions	W.S. §26-22-102	The policy may not exclude payment as to tax supported institution if charges are made for services.
Adopted Children	W.S. §26-22-101	The policy must provide coverage for an adopted child from the earlier of the date the petition for adoption is filed or entry of the child in the adoptive home.
Newborns	W.S. §26-22-101	The policy must provide coverage on family contracts for a newborn for injury or sickness including congenital defects and birth abnormalities.
Diabetes Coverage	W.S. §26-20-201	The policy shall provide coverage for outpatient self-management and training.
Mentally Physically Handicapped	W.S. §26-20-401	The policy must provide coverage beyond the limiting age for physically or mentally handicapped children as long as the handicap exists.
Conversion Privilege	W.S. §26-22-201	The policy shall require a conversion offering to an insured who has been covered for at least three (3) months immediately prior to termination.