Department of Consumer and Business Services
Oregon Division of Financial Regulation - 5
350 Winter St. N.E., Rm. 440
P.O. Box 14480
Salem, Oregon 97309-0405
Phone (503) 947-7983

Standard Provisions for Group or Individual Limited Wraparound Coverage (45 CFR 146.145(b)(3)(vii)) and Similar Supplemental Coverage (45 CFR 146.145(b)(5)(i)(C))

This product standard checklist must be submitted with your filing, in compliance with OAR 836-010-0011(2).

The standards are summaries and review of the entire statute or rule will be necessary**.** Complete each item to confirm that diligent consideration has been given to each and is certified by the signature on the certificate of compliance form.

“Not applicable” can be used only if the item does not apply to the coverage being filed. Filings that do not include required information or policy provision will result in delays of the filing.

Insurer name: _____ **Date:** _____

TOI (type of insurance):
- ☐ **H24I Individual**
- ☐ **H24G Group Limited Wraparound Coverage**
- ☐ **H25G Similar Supplemental Coverage**
- ☐ **H05 Champus/Tricare**

Sub TOI:
- ☐ **H24I.000 Individual Health**
- ☐ **H24G.001 Any Size Group**
- ☐ **H24G.002 Large Group Only**
  Large groups defined in the state in which the contract will be delivered
- ☐ **H24G.003 Small Group Only**
  Small groups defined in the state in which the contract will be delivered
- ☐ **H25G.001 Group Only**
  Small groups defined in the state in which the contract will be delivered
- ☐ **H25G.002 Large Group Only**
  Small groups defined in the state in which the contract will be delivered
- ☐ **H25G.003 Small Group Only**
  Small groups defined in the state in which the contract will be delivered
- ☐ **H05.000 Champus/Tricare**

TYPES OF PLANS			
PRODUCT SPECIFIC REQUIREMENTS	**Excepted Benefits** 45 CFR 146.145(b), 45 CFR 148.220	These products must qualify as excepted benefits 1. benefits are provided under a separate policy, certificate, or contract of insurance; and **Individual**: offered in compliance with requirements that apply to Similar Supplemental Coverage under 45 CFR 146.145(b)(5)(i)(C) **Group**: in addition to the individual market requirements benefits may not be an integral part of the group health plans. Benefits are not an integral part of a group health plan if: • Participants may decline coverage • Benefit claims are administered under a separate contract from other benefits administered under the plan. **NOTE: ADDITIONAL REQUIREMENTS APPLY**	Confirm ☐ N/A ☐
	Limited wraparound coverage (Use TOI H24) 45 CFR 146.145(b)(3)(vii)	1. Limited benefits provided through a group health plan that wrap around eligible individual health insurance 2. cover benefits that are not covered by the primary coverage and are not essential health benefits in the state where the coverage (including expatriate coverage) is issued; 3. cover cost-sharing for primary benefits; or 4. both provide supplemental benefits and cover cost-sharing. 5. Nondiscrimination: • No preexisting condition exclusion • No discrimination based on health status • No discrimination in favor of highly compensated individuals 6. Plan eligibility requirements: • is available to part-time employees working for an employer offering minimum essential coverage to full time employees; or • is designed to wrap around Multi-State Plan coverage.	Confirm ☐ N/A ☐
	Similar Supplemental Coverage (Use TOI H25) 45 CFR 146.145(b)(5)(i)(C)	1. The product must be issued under a Separate Policy, Certificate or Contract of Insurance. 2. The policy, certificate, or contract of insurance may not be issued by an entity that provides the primary coverage under the plan. 3. The policy, certificate, or contract of insurance must be specifically designed to fill gaps in primary coverage, such as coinsurance or deductibles. Additional benefits may not include essential health benefits as defined in Oregon law. 4. The cost of coverage under the policy, certificate, or contract of insurance may not exceed 15 percent of the cost of primary coverage.	Confirm ☐ N/A ☐

TYPES OF PLANS			
PRODUCT SPECIFIC REQUIREMENTS (continued)	**Similar Supplemental Coverage** (Use TOI H25) 45 CFR 146.145(b)(5)(i)(C)	(continued) 5. Supplemental coverage sold in the group market must not differentiate among individuals in eligibility, benefits, or premiums based on any health factor of an individual (or any dependent of the individual). 6. Similar supplemental coverage does not include coverage that becomes secondary or supplemental only under a coordination-of-benefits provision.	

GENERAL REQUIREMENTS FOR ALL FILINGS			
Category	Reference	Description	Answer
Submission package requirements	SERFF or Oregon Division of Financial Regulation website: OAR 836-010-0011	http://dfr.oregon.gov/rates-forms/Pages/index.aspx These must be submitted with your filing to be accepted as complete: 1. Filing description or cover letter. 2. Third party filer's letter of authorization. 3. Certificate of compliance form signed and dated by authorized persons. 4. Readability certification. 5. Product standards for forms (this document). 6. Forms filed for approval. (If filing revised forms, include a ***highlighted/redline form version*** of the revised form to identify the modification, revision, or replacement language.) 7. Statement of Variability (see "Variability in forms" section).	Yes N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Filing description	OAR 836-010-011(4), ORS 731.296	The filing description (cover letter) includes the following: 1. Changes made to previously-approved forms or variations from other approved forms. 2. Summary of the differences between previously-approved-like forms and the new form. 3. The differences between in-network and out-of-network, if applicable. **Note:** If filing through SERFF, DFR recommends that the cover letter be included in a separate document under the Supporting Documentation tab rather than in the General Information tab. If the filing description under the General Information tab is used, post submission changes to this language are not allowed.	Yes N/A ☐ ☐ ☐ ☐ ☐ ☐
Purpose of filing	ORS 742.003(1), OAR 836-010-0011(3)	The following are submitted in this filing for review: 1. New policy and/or certificate. 2. Changes to previously-approved forms include ***highlighted/redline version***.	Yes N/A ☐ ☐ ☐ ☐

GENERAL REQUIREMENTS FOR ALL FILINGS			
Category	Reference	Description	Answer
Purpose of filing (continued)	ORS 742.003(1), OAR 836-010-0011(3)	3. Endorsements and/or amendments modify the policy by changing the coverage afforded under the previously approved policy. 4. Riders provide for additional or greater benefits than those in the base policy and no part of the rider revises the policy to reduce benefits or provide less favorable terms than in the policy.	Yes ☐ N/A ☐ ☐ ☐
Clear policy language	ORS 742.005(2)	The Evidence of Coverage must be clear, understandable, and unambiguous.	Yes ☐ N/A ☐
	ORS 743.106	The style, arrangement, and overall appearance of the policy may not give undue prominence to any portion of the text. The policy contains a table of contents or an index of the principal sections of the policy, if the policy has more than 3,000 words.	Yes ☐ N/A ☐
	ORS 743.104(2)	A non-English language policy will be deemed to comply with ORS 743.106 if the insurer certifies that the policy is translated from an English language policy that complies with ORS 743.106.	Yes ☐ N/A ☐
	ORS 743.106(1)(b)	The font shall be uniform and not less than 12-point type.	Yes ☐ N/A ☐
Cover page	**Disclosure** ORS 742.005, OAR 836-010-0011, OAR 836-020-305	1. The full corporate name of the insuring company appears prominently on the first page of the policy. 2. A marketing name or insurer's logo, if used on the policy, must not mislead as to the identity of the insuring company. 3. The insuring company address, consisting of at least a city and state, appears on the first page of the policy. 4. The signature of at least one company officer appears on the first page of the policy. 5. A form-identification number appears in the lower left-hand corner of the forms. The form number is adequate to distinguish the form from all others used by the insurer. 6. The policy contains a brief caption that appears prominently on the cover page and describes the type of coverage.	Yes ☐ N/A ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Form numbers	OAR 836-010-0011	The policy and certificate are filed under one form number if both are required to complete the contract, and the form provides core coverage with all basic requirements. **Note:** if the policy and certificate are free-standing documents, they must each have their own unique form number. Optional benefits to the policyholder are riders or endorsements with separate form numbers.	Yes ☐ N/A ☐

GENERAL REQUIREMENTS FOR ALL FILINGS			
Category	Reference	Description	Answer
Variability in forms	ORS 742.003, ORS 742.005(2)	Variable material in forms will only be permitted if it is clearly identified by brackets along with an explanation of when each would be used. • Variable text includes all optional text, changes in language, and choices in terms or provisions. • Variable numbers are limited to numerical values showing all ranges (minimum to maximum benefit amounts). • Explanation must be clear and complete. • The filing includes a certification that any change outside the approved ranges will be submitted for prior approval • Variability in forms may be described either through embedded Drafter's Notes or a separate Statement of Variability form. In general, Drafter's Notes are preferred. **Note:** detailed variability instructions can be found at: http://dfr.oregon.gov/rates-forms/health/Pages/health.aspx	Yes ☐ N/A ☐
APPLICABILITY			
Application	Form 440-2442H	If filing includes an application form, please also submit Form 440-2442H *Standards for Health Applications*.	Yes ☐ N/A ☐
Associations/ trusts/ discretionary groups	ORS 731.098, ORS 731.486(7)*, ORS 743.522, ORS 743.524	If filing includes an association, trust, union trust, or discretionary group, additional filing requirements apply. Use Form 440-2441A *Transmittal and Standards for Group Health Coverage to be issued to an Association or Trust Group* or Form 440-2441D *Transmittal and Standards for Group Health Coverage to be issued to a Discretionary Group*.	Yes ☐ N/A ☐
Specifications page	ORS 731.260, ORS 742.005(2)	1. The specifications page includes the benefit levels, premium information, and any other data applicable to the insured. 2. The specifications page is completed with hypothetical data that is realistic and consistent with the other contents of the policy.	Yes ☐ N/A ☐ Yes ☐ N/A ☐

(Skip to "Requirements for Rates" if filing only a new rate or rate change.)			
BENEFIT REIMBURSEMENT			
Category	Reference	Description	Page and paragraph
Alcoholism treatment (individual)	ORS 743A.160	A health insurance policy providing coverage for hospital or medical expenses (not limited to expenses from accidents or specified sicknesses) shall provide, at the request of the applicant, coverage for expenses arising from treatment for alcoholism.	Page: Paragraph or Section:
Chemical dependency, alcoholism, mental or nervous conditions treatment	ORS 743A.168 (group)	Policy providing coverage for hospital or medical expenses shall provide coverage for expenses arising from treatment for chemical dependency, including alcoholism, and for mental or nervous conditions at the same level as, and subject to limitations no more restrictive than, those imposed on coverage or reimbursement of expenses arising from treatment for other medical conditions.	Page: Paragraph or Section:
Contraceptives	ORS 743A.066	The prescription drug benefit plan (stand-alone policies) provides payment or reimbursement for prescription contraceptives. Contraceptive is defined as a drug or device approved by the FDA to prevent pregnancy. Otherwise, this statute applies when the prescription drug rider is attached to a health benefit plan.	Page: Paragraph or Section:
Inborn errors of metabolism	ORS 743A.188	Coverage includes treatment of inborn errors of metabolism that involve amino acid, carbohydrate, and fat metabolism.	Page: Paragraph or Section:
Physical breast examinations	ORS 743A.108*	The contract provides coverage for a complete and thorough physical examination of the breast. This includes but not limited to: clinical breast examination, performed by a health care provider to check for lumps and other changes for the purpose of early detection and prevention of breast cancer	Page: Paragraph or Section: :
Mammograms	ORS 743A.100	The contract provides for mammograms as follows: (a) Mammograms for the purpose of diagnosis in symptomatic or high-risk women at any time upon referral of the woman's health care provider; and (b) An annual mammogram for the purpose of early detection for a woman 40 years of age or older, with or without referral from the woman's health care provider.	Page: Paragraph or Section: :

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Nonprescription elemental enteral formula for home use	ORS 743A.070	Any policy providing health insurance, except accident only or specific disease only polices, must provide coverage if the formula is needed to treat severe intestinal malabsorption, a physician has issued a written order for the use of the formula, and the formula is at least an essential source of nutrition.	Page: Paragraph or Section:
Pelvic and Pap examinations	ORS 743A.104	All policies providing health insurance, except those policies whose coverage is limited to expenses from accidents or specific diseases that are unrelated to the coverage required by this section, shall include coverage for pelvic examinations and Pap smear examinations as follows: (1) Annually for women 18 to 64 years of age; and (2) At any time upon referral of the woman's health care provider.	Page: Paragraph or Section:
Prescription drugs	ORS 743A.062	No health insurance policy providing coverage for a prescription drug shall exclude coverage because the drug is not FDA approved for a prescribed medical condition if the Health Evidence Review Commissioner or the Pharmacy and Therapeutics Committee determines the use is effective	Page: Paragraph or Section:
PROVIDER REIMBURSEMENT			
	ORS 743A.028* Denturist	Coverage provides reimbursement for any service that is within the lawful scope of practice of a licensed denturist, if policy provided benefits when a physician performed the service.	Page: Paragraph or Section:
	ORS 743A.034 Expanded practice dental hygienist	Any policy covering dental health that provides for a dentist must also provide coverage for an expanded practice dental hygienist.	Page: Paragraph or Section:
	ORS 743A.036 Nurse practitioner	Coverage provides reimbursement for any service that is within the lawful scope of practice of a duly licensed and certified nurse practitioner, if the policy provided benefits when a physician performed the service.	Page: Paragraph or Section:
	ORS 743A.040*, ORS 750.065 Optometrist	Coverage provides reimbursement for any service that is within the lawful scope of practice of a duly licensed optometrist, if the policy provides benefits when a physician performed the service.	Page: Paragraph or Section:

Review requirements	Reference	Description of review standards requirements	Page and paragraph
	ORS 743A.044* Physician assistant	Claims submitted directly by physician assistants, practicing in keeping with ORS 677.515(4), to be paid as if submitted by the supervising physician.	Page: Paragraph or Section:
	ORS 743A.010 State hospital	Policy pays benefits for covered services when provided by any hospital owned or operated by the State of Oregon or any state approved community mental health and developmental disabilities program.	Page: Paragraph or Section:
POLICY PROVISIONS *Applicable to both event- and expense-based policies, unless otherwise stated in each section.*			Page and paragraph
Individual health insurance policy	ORS 743.405(1)* through (8)	An individual health insurance policy **must** meet the following requirements: 1. Include a statement of money and considerations due; 2. Define the start and stop date; 3. Define who is covered under the plan; 4. May not be used to separate an individual from a group product under which they are eligible for coverage; 5. The policy may not give undue prominence to any provision, the style must be consistent and uniform throughout, and must be in 12 point font; 6. Exclusions and limitations must be clearly stated; 7. Each policy forms must be identified by a unique form number in the lower left portion of each page; No portion of the insurers' internal corporate regulations may be made part of the policy.	Page: Paragraph or Section
Group health insurance policy	**Summary of essential features of coverage** ORS 743.406(2)	Policy shall contain a provision that the insurer will furnish to the policyholder for delivery to each employee or member of the insured group a statement in summary form of the essential features of the insurance coverage of the employee or member, to whom the insurance benefits are payable.	Page: Paragraph or Section

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Group health insurance policy (continued)	Applicable rights and conditions ORS 743B.340, ORS 743B.341 and ORS 743B.343 to ORS 743B.347	Policy shall provide the rights and conditions relating to premium contributions, continuation of benefits after termination and availability of continued coverage under group policy for surviving, divorced or separated spouse 55 or older as prescribed.	Page: Paragraph or Section
Group health insurance policy, continued **Special rules related to group health plans**	**Adding employees/ members** ORS 743.406(3)	A provision that to the group originally insured may be added from time to time eligible new employees or members or dependents, as the case may be, in accordance with the terms of the policy.	Page: Paragraph or Section
Arbitration	ORS 36.600 to 36.740	Voluntary arbitration is permitted by the Oregon Constitution and statutes. Please see additional details below: • Either party may elect arbitration at the time of the dispute (after the claimant has exhausted all internal appeals if applicable); • Unless there is mutual agreement to use an arbitration process, the decision will only be binding on the party that demanded arbitration; • Arbitration will take place in the insured's county or at another agreed upon location; • Arbitration will take place according to Oregon law, unless Oregon law conflicts with Federal Code. • The process may not restrict the injured party's access to other court proceedings; Restricting participation in a class action suit is permissible	Page: Paragraph or Section NA ☐
Beneficiaries	ORS 743.444*	Policy states that unless the insured makes an irrevocable designation of beneficiary, the right to change beneficiary is reserved to the insured and the consent of the beneficiary shall not be requisite to surrender or assignment of this policy.	Page: Paragraph or Section

Review requirements	Reference	Description of review standards requirements	Page and paragraph
Cancellation and nonrenewal	ORS 743.495, ORS 743.498	A non-cancelable or guaranteed renewable policy includes the statement required by ORS 743.498 or similar language explaining the guaranteed or cancelable periods.	Page: Paragraph or Section
	ORS 743.560(3),(4); ORS 743.565* (group)	If policy provides benefits for hospital or medical expenses, other than accident or specific diseases, notification of non-replacement rights is sent to the policyholder no later than 10 days after the termination date.	Page: Paragraph or Section
Claim forms	ORS 743.426*	The "claim forms" statement in ORS 743.426, or a similar statement, is included in the policy, providing that if claim forms are required and are not furnished within 15 days after the claimant gives notice of claim, the claimant shall be deemed to have complied with the requirement of the policy.	Page: Paragraph or Section
Claim notice	ORS 743.423(1)*	The "notice of claim" statement in ORS 743.423(1), or a similar statement, is included in the policy, explaining that written notice of claim is given to the insurer within 20 days after occurrence or commencement of any loss covered by the policy or as soon thereafter as is reasonably possible.	Page: Paragraph or Section
Claim payment	ORS 743.432*	A "time payment of claims" statement similar to that in ORS 743.432 is included in the policy, stating that indemnities payable will be paid immediately upon receipt of due written proof of loss or stating the intervals of periodic payment of benefits.	Page: Paragraph or Section
	ORS 743.435*	Policy states that benefits paid for loss of life are payable in accordance with the beneficiary designation. If no such designation or provision is in effect, such payments shall be payable to the estate of the insured.	Page: Paragraph or Section
Claim procedures	OAR 836-080-0230 and -0235	If the policy includes claim procedures, the procedures and timelines comply with fair claim practice requirements.	Page: Paragraph or Section
Discretionary clauses	OAR 836-010-0026	Prohibition on the use of discretionary clauses. Discretionary clause means a policy provision that purports to bind the claimant, or to grant deference to the insurer, in proceedings subsequent to the insurer's decision, denial or interpretation of terms, coverage or eligibility for benefits	Confirmed ☐

Review requirements	Reference	Description of review standards requirements	Confirm Compliance
Discrimination	**Unfair Discrimination Identified** OAR 836-080-0050, OAR 836-080-0055	Distinctions based on sex, sexual orientation, or marital status made in the following matters constitute unfair discrimination: • The availability of a particular insurance policy. • The availability of a particular amount of insurance or set of coverage delimiting factors. The availability of a particular policy coverage or type of benefit, except for those relating to physical characteristics unique to one sex.	Confirmed ☐
	ORS 746.015	No person shall make or permit any unfair discrimination between individuals of the same class and equal expectation of life, or between risks of essentially the same degree of hazard.	Confirmed ☐
	Age 65 ORS 746.015(3)	This contract complies with ORS 746.015(3) by not discriminating against a person who attains or exceeds age 65, unless such discrimination is based on clear and sound actuarial principals as well as anticipated experience.	Confirmed ☐
	Domestic violence ORS 746.015(4)	This contract complies with ORS 746.015(4) by not cancelling, refusing to issue or renew this policy on the basis of the fact that an insured or prospective insured is or has been a victim of domestic violence.	Confirmed ☐
	Physical disability ORS 746.015(2)	This contract complies with ORS 746.015(2) by not discriminating in its underwriting standards and or rates solely on an individual's physical disability.	Confirmed ☐
	Diethylstilbestrol use by mother ORS 743A.088	No policy of health insurance may be denied or canceled by the insurer solely because the mother of the insured used drugs containing diethylstilbestrol prior to the insured's birth.	Confirmed ☐
	Domestic partners (The Oregon Family Fairness Act) ORS 106.300 to ORS 106.340, Bulletin 2008-2	A domestic partnership is defined in ORS 106.310 as "a civil contract entered into in person between two individuals of the same sex who are at least 18 years of age, who are otherwise capable and at least one of whom is a resident of Oregon." Any time that coverage is extended to a spouse it must also extend to a domestic partner. Note: Requirements beyond this are not allowed for same sex domestic partner	Confirmed ☐
	Genetic information 45 CFR §146.122, ORS 746.135	Issuers may not discriminate on the basis of genetic information.	Confirmed ☐

Review requirements	Reference	Description of review standards requirements	Confirm or enter page and paragraph
Discrimination (continued)	**Medicaid** ORS 743B.470(2) **Children out of wedlock** ORS 743B.470 (6)	Eligibility for benefits is not determined based on eligibility for Medicaid. Policy covers children not residing with the parent, not claimed as dependents on parents' federal tax return, born out of wedlock, or residing in the insurer's service area.	Confirmed ☐
	Same-sex marriages performed in other states OAR 836-010-0150	Oregon recognizes the marriages of same-sex couples validly performed in other jurisdictions to the same extent that they recognize other marriages validly performed in other jurisdictions	Confirmed ☐
	Unmarried women and their children ORS 743A.084	The policy does not discriminate between married and unmarried women or between children of married and unmarried women.	Confirmed ☐
Entire contract	ORS 742.016* , ORS 743.411*	The "entire contract" statement in ORS 743.411 or similar statement is included in the policy, explaining that the contract, including the endorsements and attached papers, if any, constitutes the entire contract of insurance.	Page: Paragraph or Section:
Examination of contract	ORS 743.492	There is a provision printed on the face of the policy or attached thereto entitling the prospective insured to a 10-day period in which to examine and return the policy for a refund of any premium paid, including any policy fees or other charges. If returned, the policy is considered void from the beginning and the parties are in the same position as if no policy had been issued.	Page: Paragraph or Section:
Fraud statements	Bulletin 2010-03 ORS 742.013	Fraud or misstatement warnings that mention criminal or civil penalties must avoid definite statements of the criminal nature of an act, guilt, or possible penalties. A warning that specifies that knowingly providing false information "may be" a crime, which "may be" grounds for criminal or civil penalties is appropriate.	Page: Paragraph or Section:
Grace period	ORS 743.417* (individual) ORS 743B.320 (group)	Provision states that a minimum 10-day grace period is granted for the payment of each premium falling due after the first premium, during which the policy shall continue in force.	Page: Paragraph or Section:

Review requirements	Reference	Description of review standards requirements	Confirm or enter page and paragraph
Incontestability	ORS 743.414(3) and(4)*	The “incontestable” statement in ORS 743.414(3) and (4) or a similar statement is included that states after two years from the date of issue of this policy, no misstatements except fraudulent misstatements made by the applicant shall be used to void the policy or to deny a claim, and losses after two years are covered.	Page: Paragraph or Section:
Inducements not specified in the policy	ORS 746.035	Except as otherwise expressly provided by the Insurance Code, no person shall permit, offer to make or make any contract of insurance, or agreement as to such contract, unless all agreements or understandings by way of inducement are plainly expressed in the policy issued thereon.	Confirmed ☐
Legal action	ORS 743.441*	Provision states that no action at law or in equity is brought to recover on this policy prior to the expiration of 60 days after written proof of loss has been furnished in accordance with the policy. No action shall be brought after the expiration of three years after the time written proof of loss is required.	Page: Paragraph or Section:
Physical examination/ autopsy	ORS 743.438*	The “physical examinations and autopsy” statement in ORS 743.438 or a similar statement is included in the policy, explaining that the insurer at its own expense shall have the right and opportunity to examine the insured when and as often as it may reasonably require while a claim is pending.	Page: Paragraph or Section:
Pre-existing conditions	ORS 742.023*	Pre-existing condition is a defined period prior to the effective date of coverage.	Page: Paragraph or Section:
Proof of loss	ORS 743.429*	The "proof of loss" statement in ORS 743.429 or a similar statement that proof of loss is due to the insurer within 90 days of the loss or, in the case of continuing loss for which the insurer is obligated to make periodic payments, 90 days after the end of the period of insurer liability.	Page: Paragraph or Section:
	OAR 836-080-0230 and -0235	If the policy includes claim procedures, the procedures and timelines comply with fair claim practice requirements.	Page: Paragraph or Section:
Rebates	ORS 746.045	No person shall personally or otherwise offer, promise, allow, give, set off, pay or receive, directly or indirectly, any rebate of or rebate of part of the premium payable on an insurance policy, which is not specified in the policy.	Confirmed ☐

Review requirements	Reference	Description of review standards requirements	Enter page and paragraph
Reinstatement	ORS 743.420*	A provision states that if the renewal premium has not been paid within the time granted but an insurer or authorized agent subsequently accepts a premium the policy shall be reinstated. The only exception is an application for reinstatement required to be submitted by the enrollee and accepted by the insurer.	Page: Paragraph or Section:
Renewability	ORS 743.018 (Individual)	A premium change or renewability provision provides for premium changes only when such changes apply to all policies of this form, are issued to persons in the same class in this state, and have been approved by the Oregon Division of Financial Regulation.	Page: Paragraph or Section:
Representations not warranties	ORS 743.406(1) (group)	A provision that, in the absence of fraud, all statements made by applicants, the policyholder or an insured person shall be deemed representations and not warranties. No statement made for the purpose of effecting insurance shall avoid the insurance or reduce benefits unless contained in a written instrument signed by the policyholder or the insured person, a copy of which has been furnished to the policyholder or to the person or the beneficiary of the person.	Page: Paragraph or Section:
Time limit on certain defenses	ORS 743.414(1)*	A provision states that after two years from the date of issue of the policy no misstatements except fraudulent misstatements made by the applicant shall be used to void the policy or to deny a claim.	Page: Paragraph or Section:
	ORS 743.414(2)*	The policy provision does not affect any legal requirement for avoidance of a policy or denial of a claim during the first two-year period or limit the application of ORS **743.450 to 743.462** in the event of misstatement with respect to age or occupation or other insurance.	Page: Paragraph or Section:

REQUIREMENTS FOR RATES FOR INDIVIDUAL POLICIES *Information requested under this section is determined to be necessary to evaluate the filing for compliance.*			
Review requirements	Reference	Description of review standards requirements	Check compliance
Filing request	ORS 742.003(1)	The following review is requested: 1. New rate filing. 2. Rate change. 3. Informational.	Requested ☐ ☐ ☐
Class rating	ORS 742.005(6), ORS 743.018	If the insurer uses class for the purpose of rating, the policy includes a definition of class that is consistent with the actuarial basis.	Yes ☐
Combined classes	ORS 742.041*	This filing includes classes of combined life and health insurance. (*No other classes are combined in this filing in which the liability of the insurer for unearned premiums or the reserve for unpaid, deferred, or undetermined-loss claims is estimated in a different manner*.)	Yes ☐
	Loss ratios	**Rate changes.** Successive generic policy forms of similar benefits covering generations of policyholders must be combined in the calculation of premium rates and loss ratios.	Yes ☐
Premium changes	ORS 742.005(6), ORS 743.018	Premium changes are subject to prior approval and should not be filed more than once in a 12-month period.	Yes ☐
Ratemaking	ORS 743.018, OAR 836-010-0011	Appendix A (Form 440-2462) is included and all columns completed showing support of the rate change requested; it includes actual and projected experience and overall loss ratio from policy inception for Oregon and the company's national experience.	Yes ☐
		A complete actuarial memorandum, signed by an accredited actuary, is included containing a description of all policy benefits and the actuarial assumptions used to develop each of the benefits. Include a description of the risk and the assumptions used in developing the cost.	Yes ☐
		The expected experience of the new rate or existing rate for the projected calculating period over which the actuary expects the premium rates to remain adequate is based on estimated future experience without expected rate increases.	Yes ☐
		The source of the data; information about new or experimental benefits; and explanation of the reliability of projections, abrupt changes in the experience, and substantial differences between actual and expected experience are included.	Yes ☐

Review requirements	Reference	Description of review standards requirements	Confirm or enter Page and paragraph
Ratemaking (continued)	ORS 743.018, OAR 836-010-0011	A statement that the grouping of policy forms has not changed or an explanation of the changes is included. Experience of forms must be grouped according to similar types of benefits, claims experience, reserves, margins for contingencies, expenses and profit, renewability, underwriting, and equity between policyholders.	Yes ☐
		The premium structure, as defined by the classification of insured's in the policy, is not changed at the time of rate increase (e.g., changes from issue-age to attained-age basis).	Yes ☐
	ORS 733.030	Filing identifies how reserving assumptions (including specific company experience) take into account any expected adverse mortality and lapses that are reflected in the pricing.	Yes ☐
		Mark the type of health underwriting filed for the forms included in this rate request: 1. Full underwriting. 2. Simplified underwriting. 3. No underwriting.	Mark one ☐ ☐ ☐
	ORS 746.600 (1)(a)(D) Adverse underwriting	No practices or procedures imply or provide for "adverse underwriting" by offering individuals insurance at higher-than-standard rates.	Yes ☐
Dependents	ORS 743.823 Newborns and mothers	For plans that provide maternity coverage, policy provides 48 hours of care for vaginal delivery and 96 hours for caesarian and insurer compliance with the Federal Newborns' and Mothers' Health Protection Act of 1996.	
	ORS 743.847(6) Children out of wedlock	Policy covers children not residing with the parent, not claimed as dependents on parents' federal tax return, born out of wedlock, or residing in the insurer's service area.	