

Long-Term Care

The following standard is provided to assist the insurer in submitting a filing. This is a brief synopsis and not intended to be all-inclusive or contain all requirements or exceptions. All references should be reviewed for compliance. References beginning with "31A" refer to Utah Code and those beginning with "R590" refer to department rules under Utah Admin Code. As required by § 31A-21-201(2), the insurer is responsible for assuring that all filings submitted are in compliance. Filings found to be out of compliance may be referred to our Market Conduct Division for review and possible action.

Filing

Subject	I	G	Citation	Description
Combination	X	X	R590-220-12	A filing that incorporates accident & health insurance and life insurance must be filed under each instance and reference each SERFF tracking number in the Filing Description.
Confidentiality / Classification of Documents	X	X	63G-2-305 R590-220-16	Information an insurer considers to be privileged, proprietary, or confidential must be submitted with a compliant protection request and identify the intended document(s).
Content Standards	X	X	R590-220-5(1)	A form that incorporates other accident & health insurance types must comply with the applicable content standards.
Filing Submission	X	X	31A-1-301(68) 31A-21-201 31A-22-1403 R590-148 R590-220	An insurer is responsible for assuring a filing is compliant with Utah law. A non-compliant filing will be rejected and not considered filed with the department.
Form Number	X	X	R590-220-7(1)(b)	A form must be clearly identified by a unique form number, and the form number may not be variable.
Policy & Related Forms	X	X	31A-1-301(72) & (145) R590-220-7(3)	A policy is an enforceable contract. A policy consists of all related forms.
Variability	X	X	R590-220-6(4)(f) R590-220-7(1)	A form containing variable data must have a certification statement. Variability as a separate document must be identified by its own unique form number and edition date. Blank spaces must be completed to accurately represent the intended purpose and use.

General

Subject	I	G	Citation	Description
Age	X	X	31A-22-613	If age is used in determining a benefit, a factor affecting premium, or coverage, it must be disclosed.
Appeal / Grievance Process	X	X	31A-22-629 31A-22-1404 R590-148-8(6) R590-148-9(5)	A form must include an adverse benefit determination, grievance, and independent review process that complies with the federal claims regulation.
Application	X	X	31A-21-201(3)(a)(iv) R590-148-12	Health questions must be reasonable and include required disclosures. A policy or certificate filing must include an application or an informational copy and reference the SERFF tracking number in the Filing Description.
Arbitration	X	X	R590-122	If included, a permissible arbitration provision must be properly disclosed and may not deprive Utah courts of jurisdiction over an action against an insurer. Permissible: -Optional binding arbitration at the exclusive election of an insured party. -Both compulsory and optional binding arbitration at the election of either the insured or the insurer. Not permissible: -Compulsory non-binding arbitration
Beneficiary / Estate	X	X	31A-22-614(4) R590-192-12(12)	An unpaid benefit following an insured's death is to be issued to the beneficiary or estate. Imposing a dollar limit is not considered good faith.
Cancellation, Renewability, and Termination	X	X	R590-148-6(1)	A policy may not be terminated. A captioned renewal or non-renewal disclosure, with duration, is required on the first page of the policy.
Certificate	X	X	31A-21-311 31A-22-1409(6)	A certificate must contain a summary of the benefits, exclusions and limitations, and any rights of conversion.
Claim Settlement	X	X	31A-26-301 & 301.6 R590-192	Claims must be settled in a fair and timely manner. Interest must be paid when a claim is not addressed promptly.
Company Name & State of Domicile	X	X	31A-21-201, 301 & 311	A form must conspicuously reference the exact name of the insurer and its state of domicile; variability is not permitted.

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Definitions	X	X	31A-1-301 31A-22-1402 R590-148	A form must comply with these definitions and others, as applicable.
Electronic Notices	X	X	31A-21-316	An electronic notification must provide consumer awareness and consent, and be filed with the department.
Endorsement or Rider	X	X	31A-21-106(2) 31A-21-302 R590-148-6(8) & (14)	An in-force contract may not be modified unless it is in writing and requires a signed acceptance by the policyholder. If an additional premium is charged, the premium must be disclosed in the policy or certificate. An LTC product cannot be integrated.
Examination Period	X	X	31A-22-1408	A policy must include a notice advising the timeframe and right to return the policy for any reason.
Felony, Riot, Insurrection or Illegal Activities	X	X	31A-21-201(3) R590-148-6(2)	A loss must be directly related to the insured's voluntary participation.
Grace Period	X	X	31A-22-607	A policy must include a grace period. A group policy must provide a 30-day grace period and must not be terminated before the end of the grace period.
Incontestability	X	X	31A-22-609 31A-22-1411	Only a fraudulent misstatement regarding insurability is a basis for avoidance after coverage has been in effect for two years.
Incorporation by Reference	X	X	31A-21-106 Bulletin 94-1	A form may not incorporate any provision not fully disclosed unless citing a federal or state law, rule, or public directive.
Jurisdiction	X	X	31A-21-314	A form may not contain any provision requiring it to be construed according to the laws of another jurisdiction, or deny Utah courts jurisdiction.
Limitation of Actions	X	X	31A-21-313	A form may not limit an action brought against an insurer to earlier than 60 days after proof of loss, waiver of proof of loss, or denial of payment. An insurer may not limit or restrict an action to less than three years.
Limitations or Exclusions	X	X	31A-21-201(3) 31A-22-1407 R590-148-6(2) & (10)	A form may not limit or exclude coverage or benefits that are in the public's interest. An exception must be approved by the commissioner.
Nondiscrimination Among Health Care Professionals	X	X	31A-22-618 R590-148-5(3)	An insurer may not unfairly discriminate against any licensed class of health care provider when the treatment is within the scope of the provider's license.
Notice and Proof of Loss	X	X	31A-21-312 R590-192-7 Bulletin 87-6	The proof of loss provision must allow the insured or claimant to file a notice or proof of loss as soon as reasonably possible.
Notice of Termination	X	X	31A-22-716	A policy must include a provision that obligates the policyholder to give 30 days prior written notice to each member.
Outline of Coverage	X		31A-22-1409 R590-148-13(3) R590-148-15	An outline of coverage must be in the prescribed format and contain the required content.
Overpayment / Payment Recovery	X	X	31A-21-108 31A-26-301.6(14) R590-131-8(6)	Recovery of an overpayment improperly paid must be by the timeframes outlined in statute.
Physical Exam	X	X	31A-21-201(3)(a)	If an insurer requires a physical exam, the insurer must pay for the exam.
Premium Change	X	X	R590-148-6(7) R590-148-19(5)	A change in premium is only allowable in specific circumstances.
Reinstatement	X		31A-22-608 R590-148-11(2)	A form must include the required reinstatement provision when applicable.
Return of Premium	X	X	31A-21-302 31A-21-315	An insurer must return any excess premium without being requested.
Usual & Customary	X	X	31A-21-201(3)(a) R590-148-6(9)	The use of a term such as usual & customary, or similar, must be defined.

Specific

Subject	I	G	Citation	Description
Benefit Standards	X	X	R590-148-7, 8 & 9	A form must comply with the minimum required standards.
Continuation and Conversion	X	X	R590-148-10	A plan must provide a provision for the continuation or conversion of benefits.
Contracts / Tax Consequences Disclosures	X	X	R590-148-6(11) through (13)	A plan must disclose if it is qualified or nonqualified and the tax consequences.
Designated Representative	X	X	R590-148-11(1)	A plan is required to make available a designated representative or written waiver to prevent a lapse in coverage.

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Eligibility & Benefit Triggers	X	X	31A-22-1407 R590-148-6(4) & (10) R590-148-8(2)	A form containing a limitation or condition related to a benefit trigger must be identified in a separate paragraph.
Elimination Period	X	X	R590-148-9(2)	A time period may not exceed those outlined in statute.
Inflation Protection	X	X	R590-148-13	A plan must offer the option of inflation protection.
Initial Filing Requirements	X	X	R590-148-21	A first-time filing must include all outlined requirements.
Mini-COBRA		X	31A-22-722	A plan is required to offer an extension of benefits and meet the minimum standards.
Non-Forfeiture / Contingent Benefit	X	X	31A-22-1412 R590-148-14	A plan must comply with the minimum requirements.
Notice to Buyer	X	X	R590-148-18(1)(c)	A form must include the required notice and disclosure.
Other Relationships		X	R590-148-10(9)	A plan must continue coverage when a qualifying relationship ends.
Preexisting Conditions	X	X	31A-22-1406 R590-148-6(3)	A preexisting condition may not be defined more restrictively than outlined in statute and must appear as a separate paragraph.
Premium Change Disclosure	X	X	R590-148-6(7) R590-148-19(2)	A plan must comply with the minimum disclosure requirements.
Reasonable Time Limits	X	X	31A-21-201(3)(a)(i)	A time limit exceeding a 30-day duration to receive a benefit, for a specific condition, is considered unfair and not in the public's interest.
Reduction in Benefits	X	X	R590-148-10(7)	A reduction of benefits for a converted policy must comply with statute.
Renewability Type	X	X	R590-148-6(1)	The type of renewability must be disclosed, explained, and comply as outlined in statute.
Unintentional Lapse	X	X	R590-148-11	A form must include protective requirements, notices, and disclosures to prevent an unintentional lapse.

Rating

Subject	I	G	Citation	Description
Requirements	X	X	R590-148-19, 21, 22 & 24	A rate filing must contain: <ul style="list-style-type: none"> - the type of renewability; - Utah and nationwide experience; - current and proposed rates; - prior rate-related SERFF tracking number(s); - average annual premium per policy; - a list of states where a similar product has been filed; and - other information as outlined in statute.

Reporting

Subject	I	G	Citation	Description
Annual Report(s)	X	X	R590-148-25 R590-220-13(3)	All annual LTC reports are due on or before June 30 and submitted in the same filing.
Plan of Orderly Withdrawal	X	X	31A-4-115	Before withdrawing from offering a line of insurance, an insurer must submit: <ul style="list-style-type: none"> - a request in writing for approval by the commissioner; - a notification of intent to the appropriate divisions; and - a copy of the above information filed in SERFF.
Withdrawal of Previous Filing(s)	X	X	R590-220-5(8)	An insurer must notify the department when they no longer offer a form, rate, or supplementary information.

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