

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
CHECK LIST FOR HEALTH INSURANCE

COMPANY: _____
FORM NUMBER: _____

REGULATION	REQUIREMENTS	Reference /Page/ Paragraph
INDIVIDUAL CONTRACTS		
Chapter 16 of the Insurance Code of Puerto Rico	§ 1602(2)	The style, arrangement and overall appearance of the policy shall give no undue prominence to any portion of the text, and every printed portion of the text of the policy and of any endorsements or attached papers shall be plainly printed in light-faced type of a style in general use, the size of which shall be uniform and not less than ten-point with a lower case unspaced alphabet length not less than one hundred and twenty-point.
	§ 1602(3)	The exceptions and reductions of indemnity shall be set forth in the policy and, other than those contained in §§ 1605 to 1628 of this title, inclusive, shall be printed, at the insurer's option, either included with the benefit provision to which they apply, or under an appropriate caption such as "Exceptions" or "Exceptions and reductions", except that if an exception or reduction specifically applies to a particular benefit of the policy, a statement of such exception or reduction shall be included with the benefit provision to which it applies.
	§ 1602(4)	Each form, including riders and endorsements, shall be identified by a form number in the lower left-hand corner of the first page thereof.
	§ 1604	Except as provided in Section 11.130, each such policy delivered or issued for delivery to any person in Puerto Rico shall contain the provisions as specified in Sections 16.050 through 16.090 inclusive, in the words in which the same appear; except, that the insurer may, at its option, substitute for one or more of such provisions corresponding provisions of different wording approved by the Commissioner which are in each instance not less favorable in any respect to the insured or the beneficiary. Each such provision shall be preceded by the applicable caption shown or, at the insurer's option, by such appropriate individual or group caption or subcaption as the Commissioner may approve.
	§ 1605	Entire Contract Provision
	§ 1606	Time Limit on Certain Defense
	§ 1607	Grace Period
	§ 1608	Reinstatement Provision
	§ 1609	Notice of Claim Provision
	§ 1610	Claim Forms Provision
	§ 1611	Proof of Loss Provision
	§ 1612	Time of Payment of Claims Provision
	§ 1613	Payment of Claims Provision
	§ 1614	Physical Examinations and Autopsy Provision
	§ 1615	Civil Actions Provision
	§ 1616	Change of Beneficiary Provision
§ 1617	Insurance with other insurers (provision of service or expense basis)	
§ 1618	Insurance with other insurers	
§ 1619	Relation of earnings to insurance	

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Chapter 16 of the Insurance Code of Puerto Rico	§ 1620	Except as provided in Section 11.130, no such policy delivered or issued for delivery to any person in Puerto Rico may contain provisions respecting the matters set forth in Sections 16.210 through 16.280, inclusive, unless such provisions are in the words in which the same appear in the applicable section; except, that the insurer may, at its option, use in lieu of any such provision a corresponding provision of different wording approved by the Commissioner which is not less favorable in any respect to the insured or the beneficiary. Any such provision contained in the policy shall be preceded individually by the appropriate caption or, at the insurer's option, by such appropriate individual or group caption or subcaption as the Commissioner may approve.	
	§ 1621	Change of Occupation	
	§ 1622	Misstatement of Age	
	§ 1623	Other insurance with same insurer	
	§ 1624	Unpaid premiums Provision	
	§ 1625	Cancellation Provision	
	§ 1626	Conformity with State Statutes Provision	
	§ 1627	Illegal Occupation Provision	
	§ 1628	Intoxicants and Narcotics Provision	
	§ 1629	Order of Certain Policy Provisions The provisions which are the subject of §§ 1605--1628 of this title, inclusive, or any corresponding provisions which are used in lieu thereof in accordance with such sections, shall be printed in the consecutive order of the provisions in such sections or, at the insurer's option, any such provision may appear as a unit in any part of the policy, with other provisions to which it may be logically related, provided the resulting policy shall not be in whole or in part unintelligible, uncertain, ambiguous, abstruse, or likely to mislead a person to whom the policy is offered, delivered or issued.	
	§ 1630	Third party ownership	
	§ 1631	Requirements of other jurisdictions	
	§ 1632	Age Limit	
	§ 1633	Family expenses disability insurance	
§ 1635	Incontestability After Reinstatement		
Chapter 11 of the Insurance Code of Puerto Rico	§ 1114(2)	Spanish version of the individual policy form and other attached forms	
Ruling Letter N-AV-3-107-99 of April 6, 1999	Section 1	Each submission of Spanish translations must include a certification by an authorized representative of the insurer stating that each translated form is a true and faithful translation of the corresponding English form approved by our Department.	
		The certification that must be used for this purpose is included with the mentioned Ruling Letter.	
GROUP CONTRACTS			
Chapter 17 of the Insurance Code of Puerto Rico	§ 1701(3)	No group disability insurance policy shall be issued for delivery in Puerto Rico, unless it is in agreement with one of the descriptions contained in in § 1401 of this title.	

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Chapter 17 of the Insurance Code of Puerto Rico	§ 1702	No group and blanket disability insurance policy shall be issued for delivery in Puerto Rico, unless it contains substantially the same provisions of Sections 17.030 through 17.080, inclusive, or provisions that in the judgment of the Commissioner are more favorable to the insured persons, or which are, at least, equally favorable to the insured persons, and more favorable to the policyholder; Provided, however, That the provisions of Sections 17.060 and 17.070 shall not apply to policies issued in favor of a creditor to insure debtors of said creditor from disability, and that the uniform provisions required for the individual disability insurance policy shall not apply to group disability insurance policies. Provided, that Sections 16.090, 16.100 and 16.130 shall apply to contracts supplemental to life insurance and to endowment insurance or annuity contracts.	
	§ 1703	Grace Period Provision	
	§ 1704	Time limit for certain defenses	
	§ 1705	The policy shall contain a provision stipulating the conditions, if any, under which the insurer reserves to itself the right to require a person eligible for insurance to present evidence of individual insurability satisfactory to the insurer.	
	§ 1706	Issuance of Certificates	
	§ 1707	Conversion provision. This section shall apply only to group policies providing medical, surgical or hospital benefits or any combination of these benefits. Provided, That if said policy contains other benefits, the conversion privilege shall always be available for the benefits described in this provision.	
OTHER REQUIREMENTS FOR HEALTH SERVICES ORGANIZATIONS			
Chapter 19 of the Insurance Code of Puerto Rico	§ 1908(1)(a)	Each subscriber is entitled to an evidence of coverage. If the subscriber obtains coverage through an insurance policy, the insurer shall issue the evidence of coverage. Otherwise, the health services organization shall issue the evidence of coverage.	
	§ 1908(1)(c)	The coverage evidence shall contain: (i) Provisions which are not uncertain, unjust, discriminatory, deceptive, disloyal, or which lead to misrepresentations, as defined in § 1915(1) of this title. (ii) A complete statement of the contract, or a summary, if it concerns a certificate of: (A) Health care services, insurance and other benefits, if any, to which the subscriber is entitled under a health care plan. (B) Any limitation on the services, kinds of services, benefits or kinds of benefits, to be offered, including any deductible or co-payments. (C) Where and in what form the information is available on how to obtain the services. (D) With relation to individual contracts, the cost, if any, that the subscriber is bound to pay for the health care services and the benefits for compensation or services. With relation to the group plans certificates, an indication of whether it is a contributing or noncontributing plan; and (E) a clear and simple description of the method used by the health services organization for the complaints of the subscribers.	
	§ 1908(1)(c)		
	§ 1908(2)(a)	Every health services organization shall register the rates to be used in any health care plan with the Commissioner before applying them in Puerto Rico.	

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Chapter 19 of the Insurance Code of Puerto Rico	§ 1908(2)(b)	<p>Said rates shall be established in accordance with the actuarial principles for several categories of subscribers;</p> <p>Provided, That the fees applicable to a subscriber shall not be determined individually on the basis of health condition. The rates shall not be excessive, inadequate or discriminatory.</p> <p>A certificate by a qualified actuary on the adequacy of the rates, based on reasonable assumption, shall accompany the filing of the rates with the proper information in support of the petition.</p>	
	§ 1912(1)(a)	<p>Every health services organization shall establish and maintain a complaints procedure approved by the Commissioner upon consultation with the Secretary of Health, which shall establish a reasonable procedure for the prompt solution of complaints filed by any subscriber or provider, and which are related to the provisions of the health care plan.</p> <p>Said procedure shall, at least, contemplate the solution of matters such as claims for reimbursements, cancellation, nonrenewal or denial of a health care plan or any benefit thereunder, and complaints regarding the quality of the health care services offered by the providers or the organization itself.</p>	
	§ 1915(1)	(1) No health services organization or its representative may use or permit the use of untrue or deceptive advertisements, applications which are untrue or deceptive, or any form of coverage evidence that is deceptive.	
	§ 1915(1)(a)	An informative statement or article may be considered untrue if it does not correspond to facts which are or might be significant for the subscriber or person who seeks to avail himself of a health care services plan.	
	§ 1915(1)(b)	An informative statement or article shall be considered untrue if in the whole context in which said statement or article appears it may be understood by a person who does not have special knowledge of health plans as if it indicates any benefit or advantage, or the absence of any exclusion, limitation or disadvantage which may be significant to a subscriber or person who is contemplating subscribing to a plan, when in fact the absence of limitations, exclusions or disadvantages does not exist.	
	§ 1915(1)(c)	The coverage evidence shall be considered as deceptive if, as a whole, and taking into consideration the typography and the format, as well as the language, it leads a person who has no special knowledge of plans and coverage evidence to believe that he has benefits, services, charges or other advantages which do not arise from the coverage evidence or which are not regularly accessible to the subscribers under the health care plan which issues said coverage evidence.	
	§ 1915(3)	The coverage evidence to a subscriber shall not be cancelled, modified or renewed, except for default in payment of the coverage fees, or for other reasons that may be determined by the Commissioner, provided, that there shall be a grace period of thirty (30) days to make payment.	
	§ 1915(4)	No health services organization may use in its name, contract or literature, any of the words "insurance", "contingency", "guaranty", "mutual", or any other word describing insurance, contingency or guaranty business, deceitfully similar to the name or description of any insurance or guaranty corporation doing business in Puerto Rico.	
	§ 1915(6)	No health services insurance policy nor health care plan that provides coverage for the children of a family unit, may exclude foster children from said family unit. For the purposes of this provision, the term "foster child" shall have the meaning set forth in § 1633 of this title.	
Puerto Rico Laws			
Act No. 161 of November 1, 2010	Amends Articles 2 and 7 of Act No. 194 of August 25, 2000, known as the "Bill of Rights and Responsibilities of the Patient," to include the dispositions of the Patient Protection and Affordable Care Act.		

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Act No. 140 of September 22, 2010	Requires that every insurance company, health service organization organized pursuant to Act No. 77 of June 19, 1957, as amended, know as the "Insurance Code of Puerto Rico of Puerto Rico," insurance plans providing services in Puerto Rico, as well as the Puerto Rico Health Insurance Administration, and any entity contracted to provide health services or insurance, under Act No. 72 of September 7, 1993, as amended, known as the "Puerto Rico Health Insurance Administration Act," shall include the medication known as buprenorphine for treatment of opioid dependence in the "Medicaid Preferred Drug List," or the health plan preferred drug list.	
Act No. 9 of January 20, 2010	Requires to all insurers, organized health service organizations, insurance plans, and health insurance underwriters in Puerto Rico to include as part of their coverage the cervical cancer vaccine and its administration for insured women between eleven (11) and eighteen (18) years of age.	
Act No. 212 of August 9, 2008	<p>Establishes that all health insurance shall provide, subject to preauthorization, coverage for one (1) bariatric surgery per lifetime for the treatment of morbid obesity using one of the following techniques: gastric bypass, adjustable gastric band or sleeve gastrectomy. The intragastric balloon technique is excluded from the law.</p> <p>The health insurance may require a waiting period that shall not exceed twelve (12) months, before cover for the benefits stipulated in this Act No.. For the preauthorization of these services, the first treatment for the morbid obesity should be dietetic and in changes in the life style. The physician must document the unsuccessful attempt(s) with nonoperative medically supervised weight reduction program(s).</p> <p>For purposes of this Act No., morbid obesity means a body mass index of at least thirty-five (35) kilograms per meter squared, or greater. Bariatric surgery refers to the various surgical procedures performed to treat obesity, which can be practice by the following four techniques: gastric bypass, adjustable gastric band or sleeve gastrectomy or intragastric balloon.</p>	
Act No. 183 of August 6, 2008	<p>This bill amends Act No. 408 of 2000, known as the "Puerto Rico Mental Health Code," in order to update its provisions and temper the same with the realities of new scientific and social approaches relative to mental healthcare.</p> <p>Also, the same establishes that there shall be no distinction between a mental disorder and any other medical condition in terms of the access that persons shall have to the services they need, except as provided for in this Act.</p> <p>Provided, that cases strictly about controlled substance and/or alcohol dependency or abuse, the insurers or health services organizations shall be under the obligation to cover the following benefits, insofar as medically warranted:</p> <ol style="list-style-type: none"> 1) Hospitalization for thirty (30) days during the policy year. 2) A maximum of fifteen (15) visits to the psychiatrist. 3) A maximum of fifteen (15) therapy sessions facilitated by a psychologist. <p>Health plans shall cover live-in treatments at a rate of ninety (90) days per policy year, insofar as medically warranted and as the services are available in Puerto Rico.</p>	

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REGULATION	REQUIREMENTS	Reference /Page/ Paragraph
Act No. 116 of July 17, 2008	<p>Amends Act No. 15 of February 27, 2007, in order to correct the scope of the measure and to extend the term of effectiveness of said Act.</p> <p>Provides that the underwriters of health insurance plans in the Commonwealth of Puerto Rico shall accept, in a family insurance policy, the inclusion as beneficiaries of minors whose custody or guardianship has been granted to the grandparents or other participating family members, and those of legal age who have been declared disabled, whose guardianship has been granted, when the person to whom custody or guardianship has been granted is the primary beneficiary or insured of said policy.</p>	
Act No. 21 of February 29, 2008	Section (3) of this Act establishes that all health insurance organizations, as defined in Article 19.020 of the Insurance Code of Puerto Rico of Puerto Rico, shall include as part of their coverage, if medically justified, in accordance with the criteria established in the protocol created by virtue of this Act, the rendering of services, including medications, to their subscribers who require tobacco and tobacco by-product use and dependence treatment, up to a maximum of four hundred (400) dollars annually for each subscriber.	
Act No. 210 of December 14, 2007	Amends Act No. 194 of August 25, 2000, known as the "Bill of Rights and Responsibilities of the Patient," to define naturopathic physician as "Health Professionals" and to include naturopathic medicine as a health service and treatment that all patients, users or consumers may select, provided that their health plan coverage includes any service that naturopathic physician are authorized to provide in Puerto Rico.	
Act No. 127 of September 27, 2007	Amends Act No. 194 of August 25, 2000, known as the "Bill of Rights and Responsibilities of the Patient," in order to include and recognize the right of hearing impaired patients to select the professional best qualified to treat auditory problems.	
Act No. 125 of September 21, 2007	<p>Adds a subsection (5) to Section 19.030 of the Insurance Code of Puerto Rico of Puerto Rico. The same establishes that all public and private health plans must include as part of their coverage, the technological equipment whose use may be necessary to maintain the user alive, a minimum of one (1) daily eight (8) hour shift of nursing services provided by skilled nurses knowledgeable in respiratory therapy or specialists in respiratory therapy with nursing skills, the supplies needed to operate technological equipment and the physical and occupational therapy needed to develop the motor skills of these patients. All of the preceding subject to having the need established by a doctor's order and according to the written home care plan for the patient.</p> <p>For the purposes of this law, a beneficiary shall be understood to be a person under twenty-one (21) years of age who uses medical technology whose functions depend on medical equipment, to wit, mechanical ventilator via tracheotomy, which supplies the vital functions of the human body and which requires the specialized daily care of nurses to prevent death or a greater degree of disability.</p>	
Act No. 15 of February 27, 2007	Provide that the underwriters of health insurance plans in the Commonwealth of Puerto Rico shall accept, in a family insurance policy, the inclusion as beneficiaries of minors or adults who have been declared disabled, whose custody or guardianship has been granted to the grandparents or other participating family members, who are the primary insured of said policy.	
Act No. 165 of August 30, 2006	Establishes that all health insurance companies in the Commonwealth of Puerto Rico are hereby directed to include the vaccine against respiratory syncytial virus as part of their pediatrics coverage.	

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Act No. 150 of August 8, 2006	Amends Act No. 194 of August 25, 2000, known as the "Bill of Rights and Responsibilities of the Patient," to define chiropractors or chiropractic physicians as "Health Professionals" and to include chiropractic care as a health service and treatment to which all patients, users or consumers are entitled to select and have access to, if the coverage provided by their health plan includes any service that chiropractors or chiropractic physicians are authorized to provide in Puerto Rico.	
Act No. 62 of February 17, 2006	To amend Act No. 296 of September 1, 2000, as amended in order to include the definition of visual health professional and to include a visual health professional as a member of the evaluating panel.	
Act No. 311 of December 19, 2003	<p>Any health insurance policy which is available or may be available, renewed, extended, or modified in Puerto Rico by any health insurance company with benefits applicable within the health insurance policy, shall include coverage for initial hearing screening and for any other hearing evaluation within the follow-up care related to the hearing screening described in this Act.</p> <p>As provided by the act, the service shall be rendered in Puerto Rico even though the company is located outside of Puerto Rico.</p> <p>The benefits of the Universal Neonatal Hearing Screening Test to newborn babies, as well as the follow-up care shall be subject to the same co-payment policies and co-insured provisions applicable to any other medical service. With the exception that the benefit of neonatal hearing screening shall be exempted from co-payments or provisions that limit the maximum amount to be paid by the insurer.</p>	
Act No. 309 of December 25, 2002	To amend Act No. 194 of August 25, 2000, so that once the physician-patient relationship ends, the physician shall hand his/her medical record to the patient; and to provide that the patient has the right to receive a copy of his/her medical record in within a period that shall not exceed five (5) working days, through the payment of a reasonable fee, which shall not exceed seventy-five (.75) cents per page, up to a maximum of twenty-five (25) dollars for each medical record.	
Act No. 408 of October 2, 2000	To establish prevention, treatment, recovery and rehabilitation needs for mental health; to create the "Bill of Rights" for adults and minors who receive mental services; to make uniform all matters related to the proceedings concerning these rights; to establish the basic principles of the levels of care for mental health services. There shall be no distinction between a mental disorder and any other medical condition in terms of the access to be given to the person who needs the services.	
Act No. 383 of September 6, 2000	<p>Establishes that any health insurance companies shall not favor nor instruct its insured people to exclusively contact a medical emergency system other than 9-1-1 during an emergency. It is provided that any entity subject to the provisions of this Act may use a transportation system other than 9-1-1, but cannot prohibit its insured to contact the 9-1-1 system for non-emergency medical cases.</p> <p>No entity subject to the provisions of this Act shall require its insured or clients to obtain a pre-authorization to contact the 9-1-1 system in case of a medical emergency. In addition, no entity subject to the provisions of this Act may use false or deceitful language in the written material distributed to its insured or clients; or language prohibiting them or making them desist from contacting the 9-1-1 system in case of a medical emergency.</p>	

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Act No. 349 of September 2, 2000	To create and establish the Bill of Rights for Carriers of the HIV/AIDS Virus in Puerto Rico. Right to the best assistance and treatment, without any restriction, to guarantee a better quality of life.	
Act No. 296 of September 1, 2000	To authorize the Secretaries of Health and of Education to establish a coordinated plan to diagnose the physical and mental capacity of the students of the public education system of Puerto Rico at the beginning of each school year.	
Act No. 251 of August 31, 2000	Amends Section 16.330 and add subsection (6) to Section 19.150 of the Insurance Code of Puerto Rico of Puerto Rico in order to establish that the foster children in the family nucleus of a person subscribed to the health care service plan cannot be excluded in any agreement through which a health care service plan is provided; and to establish who shall be deemed a foster child for these purposes	
Act No. 148 of August 9, 2002	Amends Act No. 194 of August 25, 2000, known as the "Bill of Rights and Responsibilities of the Patient" in order to define podiatrists, optometrists and clinical psychologists as "Health Professionals" and to allow patients to choose the health professional they deem are most suitable to treat them if their health plan coverage includes a service that podiatrists, optometrists and psychologists are authorized to render in Puerto Rico.	
Act No. 194 of August 25, 2000	Defines "Health Professional" as any practitioner duly allowed to practice in Puerto Rico, according to the applicable Act No.s and regulations, any of the health and medical care health professions including but not limited to, physicians, surgeons, dentists, pharmacists, nurses and medical technologists, as authorized by the corresponding Act No.s of Puerto Rico.	
	<p>Establish regarding the selection of health care plans and medical and hospital health care service providers, all patients, consumers or users of such plans and services in Puerto Rico are entitled to:</p> <p>A network of sufficient authorized providers to guarantee that all services covered under the plan will be accessible and available with no undue delays and within reasonable geographical proximity in relation to the homes and work places of the insured parties and beneficiaries, including access to emergency services twenty-four (24) hours a day, seven (7) days a week. All health care plans that offer health care service coverage in Puerto Rico shall allow patients to receive their primary health care services from any participating primary care service provider that the patients have chosen pursuant to the provisions contained in the health care plan.</p>	
	<p>Section 6</p>	
	<p>Section 8(c)</p> <p>All health care plans in Puerto Rico shall provide emergency service benefits with no waiting period. The previous authorization of the insurer shall not be required when providing these emergency services; furthermore, these services shall be provided regardless of whether the provider of such emergency services is a participating provider. In the event that a patient is provided services by a provider not contracted by the insurer, the patient shall not be held liable for the payment of services in an amount exceeding the amount applicable if the patient had received such services from a provider contracted by the insurer. The insurer shall compensate the provider offering the services, and the provider shall be under the obligation to accept said compensation, for an amount not to be less than the agreed with the providers contracted by the insurer to offer the very same services. Moreover, under these circumstances, such emergency services shall be provided regardless of the conditions set forth by the corresponding health care plan.</p>	

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Act No. 194 of August 25, 2000	Section 9(c)	All health plans shall contain a provision setting forth that the insurer shall pay the routine medical expenses of any patient suffering from a life-threatening condition for which there is no effective treatment, when the patient is eligible for participating in an authorized clinical treatment study pursuant to the study protocol provisions concerning said treatment, provided the participation of the patient offers a potential benefit to the patient and the physician referring the patient believes that participation in said study is pertinent, or the patient presents evidence of the fact that participation in said study is pertinent. "Routine medical expenses of the patient" shall not be construed to be expenses related to the study, or tests administered to be used as part of the study, or expenses the entity conducting the study is likely to pay.	
Act No. 248 of August 15, 1999		<p>Any insurer that provides maternity benefits shall provide a minimum coverage of forty-eight (48) hours of care in the hospital facilities in benefit of the mother and her newborn child (or children) if it is a natural birth without complications, and a minimum of ninety-six (96) hours if she required a Caesarean section.</p> <p>Any decision that has the effect of shortening the period of time provided above shall have to be determined by the attending purveyor with the acceptance of the patient.</p> <p>If the mother and the newborn are released within a period that is less than what is provided in this Section, but in accordance with the second paragraph, the coverage shall provide for a follow-up visit within the next forty-eight (48) hours. The services shall include, but shall not be limited to the attention and physical care of the child, instruction on the care of the child for both parents, help and training on breast feeding, information regarding home care, and the provision of any treatment, and medical tests for the infant as well as for the mother.</p>	
OTHER LAW FOR HEALTH SERVICES ORGANIZATIONS			
Act No. 21 of February 29, 2008		To demand that every health services organization include as part of its coverage, if medically justified, according to the criteria established in the protocol created by virtue of this Act, the rendering of services to its subscribers who require treatment for the use and dependence on tobacco and its by-products	
Federal Laws			
Patient Protection and Affordable Care Act (PPACA)		Federal Health Reform. Requires, among other things, the elimination of Pre-existing Condition Exclusions for Enrollees Under Age 19, elimination of annual and lifetime Dollar Limits on Essential Health Benefits (until 2014 some restrictions are permitted), prohibit rescissions, requires coverage and prohibits the imposition of cost-sharing for preventive services, extends dependent coverage for children until age 26 and requires the establishment of an internal claims appeal process and external review process.	
The Age Discrimination in Employment Act (ADEA)		Prohibits any employer from refusing to hire, discharge, or otherwise discriminate against any individual because of age. The act covers compensation, terms, conditions and other privileges of employment including <u>health care benefits</u> . This act specifically prohibits age-based discrimination against employees who are at least 40 years of age. The purpose of the act is to promote the employment of older persons and to prohibit any arbitrary age discrimination in employment.	

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Ban on Pregnancy Discrimination	<p>The bill require to employers who provide medical benefits for their employees to cover the medical and hospital cost of pregnancy, childbirth and related medical conditions under the same terms and conditions of coverage as for other medical conditions. There can be no special conditions placed as to the number of days or dollar amounts paid unless that limitation applies to all disabilities covered by the medical benefits plan.</p> <p>There is no requirement to provide maternity benefits for dependent children. In fact, there is no apparent requirement to provide full maternity benefits to the spouse of a male employee.</p>	
Women's Health and Cancer Rights Act	<p>Mandates certain benefits for women who elect to have breast reconstruction in connection with a mastectomy.</p> <p>Any health insurance that provides medical and surgical benefits for a mastectomy must include the following benefits:</p> <ol style="list-style-type: none"> 1. Reconstruction of the breast on which the mastectomy was performed; 2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; 3. Prostheses; and 4. Treatment of physical complications at all stages of the mastectomy, including lymphedemas. <p>These benefits must be provided as determined by consultation between the attending physician and the patient. Benefits may be subject to the same deductible and coinsurance provisions that would apply to comparable benefits.</p>	
Coordination of Benefit Disposition	The insurer shall comply with the requirements of the NAIC Coordination of Benefit Model Regulation.	
RULING LETTERS		
Ruling Letter No. 2011-121-AV of September 1, 2011	Require that every Insurer and Health Services Organization include the meningitis vaccine.	
Ruling Letter No. N-AV-7-8-2001 of July 6, 2001	<p>Require that every Insurer, Health Services Organization and Non-Profit Association that underwrite health insurance in Puerto Rico offer, as part of basic coverage, an annual medical evaluation that includes preventive services required by Act No. 296 of September 1, 2000 without any cost beyond the premium originally established for said plans.</p> <p>The mentioned Act No. imposes to the Puerto Rico Department of Education the responsibility to ensure that each child has received an annual medical evaluation at the beginning of the school year. Said medical evaluation must include physical and mental evaluation, oral hygiene, hearing and visual tests, as well as periodic tests recommended by the American Academy of Pediatrics.</p>	
Ruling Letter No. N-AV-12-111-99 of December 20, 1999	Requires that all health insurance shall estipulate that in such cases in which an insured or subscriber decides to use a private hospital room instead of a semi-private room, he or she will be responsible for the difference in cost that this utilization represents. In addition, all health insurance shall estipulate that unless in the cases of differences in the cost of the hospital rooms, the providers cannot charge to patients in a private rooms different quantities to those that have the rights to charge if said patient was confined in a semi-private room.	

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Ruling Letter No. N-AV-10-90-97 of November 24, 1997	Establishes that the Health Insurance Portability and Accountability Act (HIPAA) is applicable in our jurisdiction and preempts the Insurance Code of Puerto Rico of Puerto Rico with regard to the provisions required in the Act, which are not provided in said Code or which are less stringent than the federal requirements.	
Ruling Letter No. N-C-8-71-95 of October 13, 1995	Requires that all health insurance that provides ambulance services in their coverage must stipulate that the ambulance companies that will render the services must be authorized by the Puerto Rico Commission of Public Services.	
Ruling Letter No. N-AV-I-8-38-90 of August 14, 1990	Assist insurers and health services organizations to formulate and design medical/ lifestyles questions in applications for and underwriting standards affecting health and/ or life insurance coverage, or health care plans in conformity with the fair standards adopted by the NAIC.	
ADDITIONAL REQUIREMENTS		
Chapter 27 of the Insurance Code of Puerto Rico of Puerto Rico	<p>The application shall contain the prescribed fraud warning statement.</p> <p>“Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.”</p>	
Rule L of the Regulation of the Insurance Code of Puerto Rico	§ 17(D)(1)	Notice related to policies or certificates which are not Medicare Supplement Policies.
	Appendix C	Disclosure Statements. Instructions for use of the disclosure statements for health insurance policies sold to Medicare beneficiaries that duplicate Medicare.
The policy shall contain the name and full address of the issuing insurer or health organization on the front cover.		
The signature of company officer(s) appears prominently on the policy (such as on the cover).		
Circular Letter No. 2007-1775-AV of June 15, 2007	As a requirement, the below certification must be completed, signed and included with the filing.	

CERTIFICATION

I _____ have reviewed or supervised the preparation of the above form(s) and certify that the same comply with all of the applicable requirements of the Health Insurance Check List and that the filing does not contain dispositions previously disapproved or required to be corrected by the Office of the Commissioner of Insurance of Puerto Rico. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of the transmittal letter and enclosures with this filing.

Signature: _____

Date: _____