

Indiana Department of Insurance
Discount Medical Card Program Organization
Marketing Forms Checklist
(Checklist must be submitted with a new filing or changes)

Company Name _____ Filing Date _____

Domicile: _____

Filing Type:
 (Marketing Materials, Advertisements, Brochures, or other literature to be used)

Form number(s) _____

Statute/Regulation	Requirement	Location in submitted documents	IDOI USE ONLY	
			Yes	No
General Filing Requirements				
	A filing fee of \$35			
Filings IC 27-17-6	All advertisement, marketing materials, or brochures shall be filed and approved by the IDOI before using.			
Prohibited Activities IC 27-17-4	All marketing materials, advertisements, brochures, discount cards or other literature to be presented to prospective cardholders may NOT include use of the following terms:			
	Insurance: except as a disclaimer of a relationship between the DPMO card benefits and insurance, or as needed for the description of an insurance product connected to the DMPO card. Health Plan Coverage Co-pay Co-payment Pre-existing Condition Guarantee issue Portability Premium Underwriting Or any term that could reasonably mislead a person to believe that the DMPO card benefits are health insurance.			
IC 27-17-4-1(B)(2) – (6)	Refer to applicable code citations.			
Required Disclosures IC 27-27-5	All Marketing Materials, Advertisements and brochures or other literature to be presented to prospective cardholders must contain on the first page the following disclosures, which must be presented in at least 12 point font type:			
IC 27-17-5-1(a)(1)	The DMPO card is not health insurance			
IC 27-17-5-1(a)(2)	The DMPO card provides discounts for medical services rendered only by program providers.			
IC 27-17-5-1(a)(3)	The DMPO does not make payments directly to providers			
IC 27-17-5-1(a)(4)	The DMPO does make available a list of all			

	program providers which includes their name, city & state, and medical specialty prior to purchase and upon request.			
IC 27-17-5-1(a)(5)	That the cardholder is obligated to pay for all medical services other than the discount afforded by the DMPO card.			
IC 27-17-5-3	Marketing organization wholly owned by an insurer or HMO shall disclose affiliation in all marketing and membership materials.			
IC 27-17-5-1(a)(6)	The name of the DMPO, its business address, and its toll-free customer service telephone number.			
Identification Card IC 27-17-5-1(c)	The front of ID card must include in boldface, 8 point type, “This is not insurance”			
Cardholder Agreement IC 27-17-5-2				
IC 27-17-5-2(b)(1)	Specify the cardholders benefits under the discount medical program			
IC 27-17-5-2(b)(2)	Specify excluded medical services			
IC 27-17-5-2(b)(3)	Specify that the DMPO will continuously make available to the cardholder, through a toll free telephone number, the Internet or in writing upon request the:			
	(A) Name (B) Address (C) Telephone number (D) Specialty Of each program provider in the cardholders service area.			
Cancellation IC 27-17-8				
IC 27-17-8-1(a)(1)	The agreement may be canceled for any reason by the cardholder within thirty (30) days after the date the cardholders ID card is delivered OR a period that exceeds the period specified, as provided in the written agreement.			
IC 27-17-8-1(b)	Cardholder that cancels written agreement shall receive a full refund of all fees paid by the cardholder, less nominal fees associated with the enrollment cost of the ID card.			