START\_STATUTE20-1079.  Individual health insurance policies; mandatory coverage exemption; definitions

A.  A health care services organization may issue an evidence of coverage to an uninsured individual that is not subject to the requirements of any of the following:

1.  Section 20‑1057, subsections C, K, L, Y, Z, AA and BB.

2.  Sections 20‑1057.01, 20‑1057.03, 20‑1057.04 and 20‑1057.05.

3.  Section 20‑1057.02, subsections B and E.

B.  For the purposes of this section:

1.  "Health insurance coverage":

(a)  Means a health care plan or arrangement that pays for or furnishes medical or health services and that is issued by a disability insurer, group disability insurer, blanket disability insurer, health care services organization, hospital service corporation, medical service corporation or medical, hospital, dental and optometric service corporation or a similar entity in another state.

(b)  Includes a self‑insured or self‑funded employee benefit plan or multiemployer employee benefit plan created pursuant to 29 United States Code section 186(c) if the regulation of that plan is preempted by section 514(b) of the employee retirement insurance security act of 1974 (29 United States Code section 1144(b)).

(c)  Does not include limited benefit coverage as defined in section 20‑1137.

2.  "Uninsured individual" means a person who has either:

(a)  Not had health insurance coverage for the ninety days immediately before the effective date of coverage issued pursuant to this section, except that this requirement does not apply at the renewal of coverage pursuant to this section.

(b)  Lost health insurance coverage in one of the following ways within ninety days immediately before the effective date of coverage issued pursuant to this section:

(i)  The individual left a job that provided health insurance coverage.

(ii)  The individual's employer discontinued offering health insurance coverage.

(iii)  The individual exhausted continuation coverage under a COBRA continuation provision as defined in section 20‑2301.

(iv)  The individual's family health insurance coverage was discontinued due to the death of a spouse or a divorce.

(v)  The individual attained the maximum age for dependent coverage under a health insurance policy.

(vi)  The individual's participation in a public health care program was discontinued.END\_STATUTE