

PROPOSED TEMPORARY REGULATION OF THE COMMISSIONER OF INSURANCE

December 17, 2010

EXPLANATION – Matter in underline is new.

AUTHORITY: NRS 679B.130 and NRS 689A.740.

A REGULATION relating to the issuance of health benefit plan policies for children under the age of 19.

Section 1. Chapter 689A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 4, inclusive, of this temporary regulation.

Sec. 2. Definitions:

1. “Basic health benefit plan” shall have the same meaning as defined in NRS 689A.480.
2. “Individual carrier” shall have the same meaning as defined in NRS 689A.550.
3. “Child only policy” shall mean an individual health benefit plan which provides coverage to an individual under the age of 19. This shall not include health benefit plans that cover children under age 19 as a dependent.
4. “Open enrollment” shall mean a period of time during which an individual may enroll in a health benefit plan without providing evidence of insurability as a condition of enrollment.
5. “Qualifying event” shall include birth and adoption pursuant to NRS 689A.043 or court-ordered coverage as defined in NRS 689A.420(2) pursuant to NRS 689A.460.
6. “Standard health benefit plan” shall have the same meaning as defined in NRS 689A.605.

Sec. 3. 1. Individual carriers issuing child only policies on or after September 23, 2010 shall only accept applications for coverage during the open enrollment period outlined in this regulation.

2. Enrollment outside the open enrollment period shall be prohibited, except upon the occurrence of a qualifying event.

3. Beginning February 1, 2011, individual carriers offering child only policies shall hold an open enrollment period each February for the duration of the entire month. During this open enrollment period, all applicants under the age of 19, that are not otherwise eligible for coverage as a dependent under a group health plan providing coverage for the child's parent(s) or guardian(s), shall be offered coverage under a Basic or Standard health benefit plan without the imposition of limitations or exclusions for preexisting health conditions. A carrier may implement eligibility criteria to ensure that other coverage is not available to the child.

4. A carrier is not required to issue a child only policy to an individual who has previously been issued a child only Basic or Standard health benefit plan, except upon the occurrence of a qualifying event.

5. Notice of the open enrollment opportunity and open enrollment dates for new applicants, as well as the opportunity to enroll due to a qualifying event, must be displayed prominently on the individual carrier's web site throughout the year.

6. Applications for coverage during the open enrollment period shall become effective on April 1st of each year.

7. Nothing contained in this regulation shall alter an applicant's ability to obtain a child only policy or be added to an existing policy, outside the open enrollment period, upon the occurrence of a qualifying event.

8. In the event that an individual under the age of 19 is a dependent on a policy with a primary subscriber who is over the age of 19 and such primary subscriber terminates their coverage, the policy may be canceled pursuant to NRS 687B.320.

Sec. 4. Effective Date: Pursuant to NRS 233B.063(3), as a temporary regulation, this regulation becomes effective as of the date filed with the Secretary of State and remains in effect until November 1, 2011, unless otherwise replaced or repealed prior to that date.