

PROPOSED REGULATION OF THE COMMISSIONER OF INSURANCE

LCB File No. R041-14

February 5, 2014

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 679B.130, 689C.203 and 689C.270; §2, NRS 679B.130, 689C.190 and 689C.203; §3, NRS 679B.130, 689C.155, 689C.193 and 689C.203; §4, NRS 679B.130.

A REGULATION relating to health insurance for small employers. Amending certain regulations to comply with state and federal law and repealing other regulations which are unnecessary under state and federal law.

Section 1. NAC 689C.170 is hereby amended to read as follows:

1. The disclosure required to be filed with the Commissioner pursuant to NRS 689C.270 must be on a form which is in at least 10-point type and include:

~~1-1~~ **(a)** The name, address and telephone number of the carrier;

~~2-1~~ **(b)** The name, address and telephone number of the agent, broker and administrator, if applicable;

~~3-1~~ **(c)** A statement describing the principal benefits and the type of coverage provided; and

~~4-1~~ **(d)** A description of any provision of the policy which significantly excludes, eliminates, reduces or limits the payment of benefits, including limitations on access to an emergency room, requirements concerning prior authorization, and limitations relating to the use of preferred or other providers.

2. *A summary of benefits and coverage issued pursuant to 42 U.S.C. § 300gg-15 and 45 C.F.R. § 147.200 may be used in lieu of the disclosure detailed in subsection 1.*

Sec. 2. NAC 689C.190 is hereby amended to read as follows:

1. A carrier serving small employers shall, with regard to employees that had existing coverage continuously under a different health plan in the 90-day period immediately preceding the effective date of the new coverage, deem satisfied any provision in the policy which requires the passage of a fixed period before coverage is provided for a preexisting condition. The previous carrier shall provide information concerning the previous coverage within 10 working days after receipt of a written request by the current carrier.

2. *The provisions of this section apply only to grandfathered plans.*

3. *“Grandfathered plan” has the meaning ascribed to it in NRS 679A.094.*

Sec. 3. NAC 689C.195 is hereby amended to read as follows:

1. A group health plan and a carrier that issues group health insurance pursuant to chapter 689C of NRS shall not include or establish any rule of eligibility, including continued eligibility, for any individual to enroll for benefits under the terms of the group health plan or group health insurance that discriminates based upon any health status-related factor that relates to the individual or a dependent of the individual.

2. A group health plan and a carrier that issues group health insurance pursuant to chapter 689C of NRS shall not include or establish any rule of eligibility, or set a premium or contribution rate, for any individual based on whether the individual is:

(a) Confined to a hospital or other health care institution; or

(b) Actively at work, including whether an individual is continuously employed, unless the group health plan or group health insurance treats absence from work because of a health factor as being actively at work.

3. As used in this section, “rule of eligibility” includes, without limitation, any rule of eligibility relating to:

(a) The effective date of coverage;

(b) Waiting or affiliation periods;

(c) Late and special enrollment periods; or

(d) Eligibility for benefit packages, including rules pursuant to which individuals may change their selection among benefit packages.

4. The provisions of this section apply only to grandfathered plans.

5. “Grandfathered plan” has the meaning ascribed to it in NRS 679A.094.

Sec. 4. NAC 689C.110, 689C.140, 689C.150, 689C.160, 689C.200, 689C.202, 689C.205, 689C.220, 689C.260 and 689C.265 are hereby repealed.