

211 CMR: DIVISION OF INSURANCE

211 CMR 64.00: DEFINITIONS OF QUALIFIED MEDICAL INSURANCE FOR M.G.L. C. 118E, § 9C

Section

- 64.01: Purpose
- 64.02: Applicability
- 64.03: Authority
- 64.04: Definitions
- 64.05: Qualified Plans
- 64.06: Severability

64.01: Purpose

The purpose of 211 CMR 64.00 is to define the terms “qualified medical insurance”, “qualified individual medical insurance”, “qualified two person family medical insurance” and “qualified family medical insurance” as those terms are employed in section 9C of M.G.L. c. 118E.

64.02: Applicability

211 CMR 64.00 applies to all health benefit plans offered, made effective, issued, renewed, delivered or issued for delivery to any eligible small business under M.G.L. c. 176J whether issued directly by a carrier, or through an association or through an intermediary.

64.03: Authority

211 CMR 64.00 is issued under authority of M.G.L. c. 175, § 3C.

64.04: Definitions

Commissioner: the commissioner of insurance, or his or her designee.

Health Benefit Plan: any general, blanket or group policy of health, accident and sickness insurance issued by an insurer licensed under M.G.L. c. 175; a group hospital or medical service plan issued under M.G.L. c. 176A or M.G.L. c. 176B; a group health maintenance contract issued by an HMO under M.G.L. c. 176G; an insured group health benefit plan that includes a preferred provider arrangement under M.G.L. c. 176I; and any multiple employer welfare arrangement (MEWA) required to be licensed under M.G.L. c. 175; offered to an eligible small business. The term "health benefit plan" does not include accident only, credit, dental, vision, long-term care only or disability income insurance, coverage issued as a supplement to liability insurance, insurance arising out of a worker's compensation or similar law, automobile medical payment insurance, insurance under which beneficiaries are payable with or without regard to fault and which is statutorily required to be contained in a liability insurance policy or equivalent self-insurance, or any group blanket or general policy which provides supplemental coverage to Medicare or other governmental programs.

Qualified family medical insurance: qualified medical insurance offered to an eligible employee that covers the employee and two or more additional members of the employee's family.

Qualified individual medical insurance: qualified medical insurance offered to an individual eligible employee.

Qualified medical insurance: a health benefit plan that meets all requirements of M.G.L. c. 176J and 211 CMR 66.00.

Qualified two-person family medical insurance: qualified medical insurance offered to an employee that covers the employee and one additional family member.

211 CMR: DIVISION OF INSURANCE

64.05: Qualified Plans

Health benefit plans that have met the filing and reporting requirements of 211 CMR 66.13 shall be deemed to be qualified medical insurance.

64.06: Severability

If any section or portion of a section of 211 CMR 64.00, or the applicability thereof to any person or circumstance is held invalid by any court of competent jurisdiction, the remainder of 211 CMR 64.00, or the applicability thereof to other persons or circumstances, shall not be affected thereby.

REGULATORY AUTHORITY

211 CMR 64.00: M.G.L. c. 175, § 3C.

(PAGES 363 THROUGH 382 ARE RESERVED FOR FUTURE USE.)