

## INSURANCE

Female, Smoker																				
Issue	Duration																			
67	24	32	39	72	72	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
68	24	32	68	72	72	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
69	24	64	68	72	72	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
70	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100

Female, Smoker																				
Issue	Duration																			
Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20+
71	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
72	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
73	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
74	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
75	60	60	64	68	68	72	75	75	80	80	100	100	100	100	100	100	100	100	100	100
76	60	60	64	68	68	72	75	75	80	100	100	100	100	100	100	100	100	100	100	100
77	60	60	64	68	68	72	75	75	100	100	100	100	100	100	100	100	100	100	100	100
78	60	60	64	68	68	72	75	100	100	100	100	100	100	100	100	100	100	100	100	100
79	60	60	64	68	68	72	100	100	100	100	100	100	100	100	100	100	100	100	100	100
80	60	60	64	68	68	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
81	60	60	64	68	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
82	60	60	64	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
83	60	60	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
84	60	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
85+	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100

### NOTES:

Legislative History (all references are to the Proceedings of the NAIC).

1994 Proc. 4<sup>th</sup> Quarter 17, 26, 653, 1098, 1126-1159 (adopted).

1998 Proc. 4<sup>th</sup> Quarter 15-16, 17, 608, 978, 1126-1148 (amended and reprinted).

**AUTHORITY NOTE:** Promulgated in accordance with R.S.22:3, 22:163, 22:168 and the Administrative Procedure Act, R.S. 49:950 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2556 (October 2005).

### §10917. Effective Date

A. The proposed effective date for this regulation is November 1, 2005.

**AUTHORITY NOTE:** Promulgated in accordance with R.S.22:3, 22:163, 22:168 and the Administrative Procedure Act, R.S. 49:950 et seq.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2566 (October 2005).

## Chapter 111. Regulation

### 86—Dependent Coverage of Newborn Children in the Group and Individual Market

#### §11101. Authority

A. This regulation is issued pursuant to the authority vested in the commissioner under the provisions of R.S.

49:953 of the Administrative Procedure Act, R.S. 22:3 and 22:250.2(E)(2)(b) and (c), and R.S. 22:250.4.F, and 22:250.11.E and 22:250.15.A, regarding the coverage of a newborn child as a dependent in the group and individual health insurance market and to provide for related matters.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2259 (September 2005).

#### §11103. Purpose

A. The purpose of this regulation is to establish reasonable requirements and standards for the processing of such coverage by health insurance issuers that assures compliance with state requirements under Title 22 of the Louisiana Revised Statutes of 1950, as amended. More specifically, this regulation is necessary to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and R.S. 22:250.4.F, and 22:250.11.E and 22:250.15.A of Part VI-C of Chapter 1 of Title 22.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2260 (September 2005).

#### **§11105. Applicability and Scope**

A. Except as otherwise specifically provided, the requirements of this regulation shall apply to health insurance issuers, including health maintenance organizations, as required pursuant to R.S. 22:2001 et seq., of the Louisiana Revised Statutes of 1950, as amended.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2260 (September 2005).

#### **§11107. Definitions**

A. As used in this regulation, these terms shall have the following meaning.

*Cancellation for Nonpayment of Premium*—the cancellation of coverage for a newborn child who was added as a dependent due to the nonpayment of the applicable premium adjustment for the additional coverage for the newborn child within the time frames established by law or in this regulation.

*Effective Date of Birth*—the date of the moment of live birth of a newborn child.

*Eligibility Provisions*—a newborn child who meets the requirements set forth in the State Plan Medical Assistance under Title XIX of the Social Security Act.

*Health Care Facility*—a facility or institution providing health care services including, but not limited to, a hospital (specifically including a neonatal special care unit) or other licensed inpatient center, ambulatory surgical or treatment center, diagnostic, laboratory, or imaging center, or rehabilitation or other therapeutic health setting.

*Health Care Provider*—a physician or other health care practitioner licensed, certified or registered to perform specified health care services consistent with state law.

*Health Insurance Issuer*—an insurance company, including a health maintenance organization as defined and licensed to engage in the business of insurance under Part XII of Chapter 2 of Title 22 of the Louisiana Revised Statutes, unless preempted as a qualified employee benefit plan under the Employee Retirement Income Security Act of 1974.

*Newborn Child*—an infant from the time of birth through and until such time as the infant is discharged from a health care facility to his or her home.

*Non-Qualifying Newborn Child*—a newborn child who does not meet the eligibility requirements of the State Plan Medical Assistance under Title XIX of the Social Security Act.

*Notice of Cancellation*—the written notice sent from the health insurance issuer to the Secretary of the Department of Health and Hospitals by certified mail, return receipt requested, with regard to the cancellation of coverage for a newborn child. This notice of cancellation may, as a courtesy, also be sent via electronic means to the Secretary of the Department of Health and Hospitals; however, such electronic notice shall not satisfy the notice requirement set forth in the enabling statute that requires the notice of cancellation be sent by certified mail, return receipt requested, to the Secretary of the Department of Health and Hospitals.

*Qualifying Newborn Child*—a newborn child who meets the eligibility provisions of the State Plan Medical Assistance under Title XIX of the Social Security Act.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2260 (September 2005).

#### **§11109. Enrollment Notification Procedures for a Qualifying Newborn Child**

A. Upon notification of the birth of a newborn child who is potentially eligible under Title XIX of the Social Security Act, the health insurance issuer shall be required to:

1. verify that dependant coverage is available for the newborn child or make a determination that no coverage is available for the newborn child;
2. make a determination of the benefit limits with regard to the newborn child;
3. make a determination of any additional premium, if applicable, that may be due in order to provide dependent coverage for the newborn child; and
4. designate a point of contact (which may be a specific position), with telephone number and physical address, to represent the health insurance issuer to facilitate all matters relative to the newborn child.

B. Upon notification of the birth of a newborn child who is potentially eligible under Title XIX of the Social Security Act, the health insurance issuer shall be required to notify the following persons:

1. with regard to an individual policy, the policyholder;
2. with regard to a group policy, both the employer and the employee;
3. with regard to either an individual policy or a group policy, the health care facility that rendered any medical service to the newborn child from the moment of birth until

such time as the infant is discharged from said health care facility to his or her home.

C. The notification that the health insurance issuer is required to send to the persons referred to in Subsection B above shall include the following information:

1. verification as to whether the health plan provides coverage under which the newborn child could be enrolled as a dependent or, if such coverage is not available under the health care plan, an explanation of why such coverage is not available;

2. the additional amount of premium due, if any, in order to provide dependent coverage for the newborn child;

3. designate a point of contact (which may be a specific position), with telephone number and physical address, to represent the health insurance issuer to facilitate all matters relative to the newborn child; and

4. statement to the policyholder under an individual policy or the employee and employer under a group plan that additional information is needed by the health insurance issuer. A health insurance issuer may request that the signature of the policyholder of an individual policy or employee and employer under a group plan be on the enrollment form. However, the failure of the policyholder or employee or employer, as applicable, to place a signature on the enrollment form shall not be a requirement for the enrollment of the newborn child, as the newborn child is enrolled as a matter of law.

D. The health insurance issuer shall be required to provide 90 days written notice to the Secretary of the Department of Health and Hospitals prior to the cancellation of health coverage for a potential qualifying newborn child. This notice shall provide the following documents and/or information:

1. the group identification/policy number or the individual identification/policy number, as applicable, including, but not limited to, the major medical identification number and the prescription drug identification number;

2. summary of benefits, including, but not limited to, an itemization of all covered benefits and applicable co-payments and deductibles;

3. amount of additional premium due in order to provide dependent coverage for the newborn child, including, but not limited to, the total premium (month or portion of a month) due to effectuate coverage for the newborn child from the date of birth;

4. the name(s) of the member subscriber of the newborn child, including, but not limited to, the name(s) of any and all other dependent(s) and the effective date of coverage for each person(s) named as a dependent;

5. designate a point of contact (which may be a specific position), with telephone number and physical address, to represent the health insurance issuer to facilitate all matters relative to the newborn child.

E. Additionally, no later than three days after the mailing of the written notice to the Secretary of the Department of Health and Hospitals referred to in Subsection D above, the health insurance issuer shall provide the same documents and/or information to any and all health care facilities and any and all health care providers who, prior to or on the date of the notice of cancellation, have either:

1. submitted a claim to the health insurance issuer for health care services rendered to the newborn child; or

2. provided notice to the health insurance issuer that it is rendering or has rendered health care services to the newborn child.

F. The Secretary of the Department of Health and Hospitals shall have 90 days, commencing the day after the secretary receives the written notice, via certified mail, return receipt requested, from the health insurance issuer as provided in Subsection D above, to pay the applicable additional premium attributable to the newborn child to retain the newborn child as a covered dependent under the policy of health insurance.

G. If that portion of the applicable additional premium attributable to the newborn child being retained as a covered dependent under the policy of health insurance remains unpaid after the expiration of the 90 day written notice time period referred to in Subsection E above to the Secretary of Department of Health and Hospitals, the health insurance issuer may thereafter cancel the dependent coverage for the newborn child effective as of the date of birth of the newborn child.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2260 (September 2005).

#### **§1111. Procedures for a Non-Qualifying Newborn Child**

A. The health insurance issuer shall be required to comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 with regard to the enrollment procedures relative to dependent coverage for a non-qualifying newborn child.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2261 (September 2005).

#### **§1113. Timely Payment of Claims**

A. In cases where the time for the payment of a claim may be effected by the requirements of R.S. 22:250.4 et seq., such requirements shall be considered "just and reasonable grounds" for a health insurance issuer to delay in the payment of a claim pursuant to R.S. 22:250.31 et seq.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2261 (September 2005).

#### **§11115. Sanctions**

A. A health insurance issuer that does not comply with any of the time limits for action or notice set forth in this regulation, or who does not provide all of the information required in this regulation, shall be subject to the sanctions set forth in R.S. 22:1457.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2261 (September 2005).

#### **§11117. Severability**

A. If any Section or provision of this regulation or the application to any person or circumstance is held invalid, such invalidity or determination shall not affect other Sections or provisions or the application of this regulation to any persons or circumstances that can be given effect without the invalid Section or provision or application, and for these purposes the Sections and provisions of this regulation and the application to any persons or circumstances are severable.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2262 (September 2005).

#### **§11119. Effective Date**

A. This regulation shall be effective upon final publication in the *Louisiana Register*.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 to implement and enforce the provisions of R.S. 22:250.2.E.(2)(b) and (c), and 22:250.4.F, and 22:250.11.E, and 22:250.15.A of Part VI-C of Chapter 1 of Title 22 of the Louisiana Revised Statutes of 1950, as amended.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2262 (September 2005).

## **Chapter 113. Regulation 88— Standardization of Health Benefits and Compliance Requirements for LaChoice**

### **§11301. Purpose**

A. The purpose of this regulation is:

1. to implement the statutory requirements in establishing pilot health insurance programs to increase access to affordable health insurance for small employers and for individuals pursuant to R.S. 22:244 et seq., of the Louisiana Revised Statutes of 1950; and

2. to carry out the intent of the Legislature and assure full compliance with the applicable statutory provisions by establishing procedures for the standardization of health benefits and compliance requirements. This program and the applicable statutory authority relating thereto shall be referred to hereinafter as "LaChoice."

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 and 22:245(C)(3) to implement and enforce the following provisions: R.S. 22:244, 22:245, and 22:246, Part VI-B. of Chapter One of Title 22 of the Louisiana Revised Statutes of 1950.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2948 (November 2005).

### **§11303. Applicability and Scope**

A. Except as otherwise specifically provided, the requirements of this regulation shall apply to health insurance issuers that choose to offer health insurance under the provisions of LaChoice as required pursuant to R.S. 22:244 et seq., of the Louisiana Revised Statutes of 1950.

**AUTHORITY NOTE:** Promulgated in accordance with R.S. 22:3 and 22:245(C)(3) to implement and enforce the following provisions: R.S. 22:244, 22:245, and 22:246, Part VI-B. of Chapter One of Title 22 of the Louisiana Revised Statutes of 1950.

**HISTORICAL NOTE:** Promulgated by the Department of Insurance, Office of the Commissioner, LR 31:2948 (November 2005).

### **§11305. Eligibility, Benefits and Underwriting Criteria**

A. In order to participate in LaChoice, employers must not have provided group health insurance coverage to their employees for at least six months from the date the last policy of insurance was terminated or nonrenewed.

B. The commissioner of insurance shall have the authority via regulation to alter the above time period in accordance with R.S. 22:246(1).

C. In order to participate in LaChoice, a health insurance issuer shall be required to file all proposed health insurance policy forms with the Department of Insurance for review and approval. Such policies shall be in compliance with Regulation 78. A statement of compliance is not required.