

## GROUP HEALTH INSURANCE MANDATORY CONVERSION PRIVILEGE MODEL ACT

### Table of Contents

Section 1.	Title
Section 2.	Definitions
Section 3.	Applicability and Scope
Section 4.	Conversion Privilege
Section 5.	Conversion Premium
Section 6.	Scope of Coverage
Section 7.	Exceptions to Guaranteed Coverage
Section 8.	Information Requested by Health Carrier
Section 9.	Exceptions to Guaranteed Renewal
Section 10.	Level of Benefits to be Offered
Section 11.	Excess Benefits
Section 12.	Preexisting Condition Provision
Section 13.	Alternative Plans
Section 14.	Other Conversion Privileges
Section 15.	Reduction of Coverage Due to Medicare
Section 16.	Group Coverage Instead of Individual Coverage
Section 17.	Out-

“Dependent” means a spouse, an unmarried child under the age of [nineteen (19)] years, an unmarried child who is a full-time student under the age of [insert maximum age] and who is financially dependent upon the employee or member, and an unmarried child of any age who is medically certified as disabled and dependent upon the employee or member.

- D. “Health benefit plan” means a policy, contract, certificate or agreement offered or issued by a health carrier to provide, deliver, arrange for, pay for or reimburse any of the costs of health care services.
- E. “Health care services” means services as defined in Section 6.3 (10) per







- (c) Claims experience;
- (d) Receipt of health care;
- (e) Medical history;
- (f) Genetic information;
- (g) Evidence of insurability, including conditions arising out of acts of domestic violence; or
- (h) Disability.

**Drafting Note:** This definition tracks language contained in PHSA Section 2702(a), as amended by HIPAA.

- (2) "Network plan" means a health benefit plan issued by a health carrier under which the financing and delivery of health care services, including items and services paid for as health care services, are provided, in whole or in part, through a defined set of providers under contract with the health carrier.

**Section 10. Level of Benefits to be Offered**

A health carrier shall issue a converted policy that conforms to the requirements as prescribed by the commissioner.

**Section 11. Excess Benefits**

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coverage under the group health benefit plan, to have the same conversion rights as would apply had the employee's coverage under the group health benefit plan terminated at retirement by reason of termination of employment or membership.

B. The conversion privilege provided in this Act shall be available to:

- (1) The surviving spouse at the death of an employee or member, with respect to the spouse and any dependent children whose coverage under the group health benefit plan terminates by reason of th

**Section 18. Effective Date**

The provisions of this Act shall take effect [insert a date not less than twelve (12) months after the date of enactment] and shall apply to group health benefit plans delivered, issued for delivery or amended on or after this date.

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*Chronological Summary of Action (all references are to the Proceedings of the NAIC).*

*1976 Proc. 1 7, 10-11, 381, 386-387, 493, 494-499 (adopted).*

*2005 Proc. 1<sup>st</sup> Quarter 217, 262 (amended & adopted by parent committee).*

*2005 Proc. 2<sup>nd</sup> Quarter 49, 58-67 (reprinted and adopted by Plenary).*