- 1 Public Protection Cabinet
- 2 Department of Insurance
- 3 Division of Health, Life Insurance and Managed Care
- 4 (Amendment)
- 5 806 KAR 17:260. Conversion policy minimum benefits.
- 6 RELATES TO: KRS 304.17A, <u>304.18-114</u> [304.18-110] 304.18-120(2), <u>29 C.F.R.</u>
- 7 2590.715-2713(a), 29 C.F.R2590.715-2713(b)
- 8 STATUTORY AUTHORITY: KRS 304.2-110(1), 304.18-120(2)
- 9 NECESSITY, FUNCTION, AND CONFORMITY: KRS 304.2-110(1) authorizes
- 10 [provides that] the Commissioner [executive director] of Insurance to promulgate [may make
- 11 reasonable administrative regulations necessary for or as an aid to the effectuation of any
- provision of the Kentucky Insurance Code as defined in KRS 304.1-010 through KRS 304.99-
- 13 154. KRS 304.18-120(2) requires the department [office] to promulgate administrative
- 14 regulations to establish minimum benefits for a conversion policy issued pursuant to the
- conversion privilege contained in a group health policy. The purpose of this [This] administrative
- regulation is to establish [establishes] those requirements.
- Section 1. Definitions. (1) "Conversion policy" means an individual health policy issued
- to an insured person pursuant to a conversion privilege contained in a group health policy upon
- 19 termination of the insured person's coverage under the group policy.
- 20 (2) "FFS" means a fee-for-service product type.

1	(3) "Group policy" is defined by [in] KRS 304.18-110(1)(a). (4) "HMO" means a health
2	maintenance organization product type.
3	(5) "POS" means a point-of-service product type.
4	(6) "PPO" means a preferred provider organization product type.
5	(7) "Preventive Health Service" means the service described by 29 CFR 2590.715-
6	2713(a) and (b).
7	Section 2. Plan Cost Sharing and Minimum Benefits. (1) The out-of-pocket limit for
8	covered expenses incurred during a plan year for a converted policy issued pursuant to a
9	conversion privilege contained in a PPO, FFS, HMO or POS product shall be no more than:
10	(a) $$7,000 [$6,000]$ for a single person; and
11	(b) $$14,000 [$12,000]$ for a family.
12	[(2) The deductible and out-of-pocket limit for covered expenses incurred during a plan
13	year for a converted policy issued pursuant to the conversion privilege contained in a group FFS
14	or PPO product shall be no more than:]
15	[(a) \$6,000 for a single person and an out-of-pocket limit of \$6,000 after the deductible;
16	and]
17	[(b) \$12,000 for a family and an out-of-pocket limit of \$12,000 after the deductible.]
18	[Section 3. Minimum Benefits. (1) A converted policy issued pursuant to the conversion
19	privilege contained in a HMO or POS product shall include the following minimum benefits:
20	(a) In hospital care:]
21	[1. Inpatient hospital room and board benefits in a maximum copayment amount of
22	\$1,000 per admission; and]

1	[2. Coverage benefits in a maximum copayment amount of \$1,000 per admission for
2	transplants, including:]
3	[a. Kidney;]
4	[b. Cornea;]
5	[e. Bone marrow;]
6	[d. Heart;]
7	[e. Liver;]
8	[f. Lung;]
9	[g. Heart/lung; and]
10	[h. Pancreas.]
11	[(b) Outpatient care: 1. Ambulatory outpatient surgery benefits in a maximum copayment
12	amount of \$500 per visit;]
13	[2. Provider office visits benefits in a maximum copayment amount of thirty (30) dollars
14	per visit; and]
15	[3. Diagnostic tests benefits in a maximum copayment amount of thirty (30) dollars per
16	testing session.]
17	[-(c) Emergency care: 1. Hospital emergency room benefits in a maximum copayment
18	amount of \$150 per visit; and]
19	[2. Ground ambulance benefits in a maximum copayment amount of seventy-five (75)
20	dollars per use.]
21	[-(d) Medicare hospice benefit.]
22	(2) A converted policy issued pursuant to the conversion privilege contained in a group
23	HMO, POS, FFS or PPO product shall include the following minimum benefits:

1	(a) In hospital care:
2	1. Inpatient hospital room and board benefits in a maximum coinsurance amount of fifty
3	(50) percent; and
4	2. Coverage benefits in a maximum coinsurance amount of fifty (50) percent for
5	transplants, including:
6	a. Kidney;
7	b. Cornea;
8	c. Bone marrow;
9	d. Heart;
10	e. Liver;
11	f. Lung;
12	g. Heart/lung; and
13	h. Pancreas.
14	(b) Outpatient care:
15	1. Ambulatory outpatient surgery benefits in a maximum coinsurance amount of fifty
16	(50) percent;
17	2. Provider office visits benefits in a maximum coinsurance amount of fifty (50) percent
18	and
19	3. Diagnostic tests and Laboratory benefits in a maximum coinsurance amount of fifty
20	(50) percent;
21	(c) Emergency care:
22	1. Hospital emergency room benefits in a maximum coinsurance amount of fifty (50)
23	percent; and

1	2. Ground ambulance benefits in a maximum coinsurance amount of fifty (50) percent
2	(d) Medicare hospice benefits.
3	(e) Prescription drug benefits in a maximum coinsurance amount of fifty (50) percent;
4	(f) Maternity Benefits in a maximum coinsurance amount of fifty (50) percent;.
5	(g) Mental Health and Substance Abuse Benefits:
6	1. Inpatient Benefits in a maximum coinsurance amount of fifty (50) percent; and
7	2. Outpatient Benefits in a maximum coinsurance amount of fifty (50) percent;
8	(h) Rehabilitative and Habilitative Benefits in a maximum coinsurance amount of fifty
9	(50) percent;
10	(i) Preventive Health Service shall be covered at one hundred (100) percent; and

(j) Pediatric Benefits in a maximum coinsurance amount of fifty (50) percent;