***Model Regulation to Implement the Supplementary and Short-Term Health Insurance Minimum Standards Model Act* (#171)**
Suggested Revisions to Sections 1-5
(Assuming the proposed NAIC staff working draft revisions are accepted)
July 30, 2019 Comment Deadline

Revised Sept. 19, 2019

Section 1. Purpose	
The purpose of this regulation is to implement [insert reference to state law equivalent to the NAIC *Supplementary and Short-Term Health Insurance Minimum Standards Model Act*] (the Act) to standardize and simplify the terms and coverages, to facilitate public understanding and comparison of coverage, to eliminate provisions that may be misleading or confusing in connection with the purchase of the coverages or with the settlement of claims and to provide for full disclosure in the marketing and sale of supplementary and short-term health insurance, as defined in the Act. This regulation is also intended to assert the commissioner's jurisdiction over limited scope dental coverage and limited scope vision coverage, and to provide for disclosure in the sale of those coverages.	
Missouri Department of Insurance (MO DOI)	The purpose of this regulation is to implement [insert reference to state law equivalent to the NAIC *Supplementary and Short-Term Health Insurance Minimum Standards Model Act*] (the Act) to standardize and simplify the terms and coverages, to facilitate public understanding and comparison of coverage, to eliminate provisions that may be misleading or confusing in connection with the purchase and renewal of the coverages or with the settlement of claims and to provide for full disclosure in the marketing and sale of supplementary and short-term health insurance, as defined in the Act. This regulation is also intended to assert the commissioner's jurisdiction over limited scope dental coverage and limited scope vision coverage, and to provide for disclosure in the sale of those coverages.
Section 2. Authority	
This regulation is issued pursuant to the authority vested in the commissioner under [insert reference to state law equivalent to NAIC *Supplementary and Short-Term Health Insurance Minimum Standards Model Act* and any other appropriate section of law regarding authority of commissioner to issue regulations].	
No comments received	
Section 3. Applicability and Scope	
A. This regulation applies to all individual and group insurance policies and certificates providing hospital indemnity or other fixed indemnity, accident only, specified accident, specified disease, limited benefit health and disability income protection, referred to collectively in Section 1 of the Act and hereafter, as "supplementary health insurance," delivered or issued for delivery in this state on and after [insert effective date] that are not specifically exempted from this regulation. This regulation also applies to short-term, limited-duration health insurance coverage delivered or issued for delivery in this state on and after [insert effective date], which, unless otherwise specified, is included in the definition of "short-term health insurance" under the Act.	

Blue Cross and Blue Shield Association (BCBSA)	A. This regulation applies to all individual and group insurance policies and certificates providing hospital indemnity or other fixed indemnity, accident only, specified accident, specified disease, limited benefit health and disability income protection, referred to collectively in Section 1 of the Act and hereafter, as "supplementary health insurance," delivered or issued for delivery in this state on and after [insert effective date] that are not specifically exempted from this regulation. This regulation also applies to short-term, limited-duration health insurance ~~coverage~~ delivered or issued for delivery in this state regardless of the situs of the delivery of the contract on and after [insert effective date], which, unless otherwise specified, is included in the definition of "short-term health insurance" under the Act.
MO DOI	A. This regulation applies to all individual and group insurance policies and certificates providing hospital indemnity or other fixed indemnity, accident only, specified accident, specified disease, limited benefit health and disability income protection, referred to collectively in Section 1 of the Act and hereafter, as "supplementary health insurance," delivered or issued for delivery in this state on and after [insert effective date] that are not specifically exempted from this regulation. This regulation ~~also~~ applies to short-term, limited-duration health insurance coverage delivered or issued for delivery in this state on and after [insert effective date], which, unless otherwise specified, is included in the definition of "short-term health insurance" under the Act.
Washington Insurance Department (WA DOI)	A. This regulation applies to all individual and group insurance policies and certificates providing ?supplementary?" hospital indemnity or other fixed indemnity, accident only, specified accident, specified disease, limited benefit health and disability income protection, referred to collectively in Section 1 of the Act and hereafter, as "supplementary health insurance," delivered or issued for delivery in this state on and after [insert effective date] that are not specifically exempted from this regulation. This regulation also applies to short-term, limited-duration health insurance coverage delivered or issued for delivery in this state on and after [insert effective date], which, unless otherwise specified, is included in the definition of "short-term health insurance" under the Act.
B. This regulation shall apply to limited scope dental coverage and limited scope vision coverage only as specified.	
MO DOI	B. This regulation ~~shall apply~~applies to limited scope dental coverage and limited scope vision coverage only as specified.
C. This regulation shall not apply to: **(1) Medicare supplement policies subject to [insert reference to state law equivalent to the Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act];** **(2) Long-term care insurance policies subject to [insert reference to state law equivalent to the NAIC Long-Term Care Insurance Model Act]; or** **(3) TRICARE formerly known as Civilian Health and Medical Program of the Uniformed Services (Chapter 55, title 10 of the United States Code) (CHAMPUS) supplement insurance policies.** **Drafting Note:** TRICARE supplement insurance is not subject to federal regulation. TRICARE supplement policies are sold only to eligible individuals as determined by the Department of Defense and are tied to TRICARE benefits. In general, states regulate TRICARE supplement insurance policies under the state group or individual insurance laws.	

No comments received	
D. The requirements contained in this regulation shall be in addition to any other applicable regulations previously adopted.	
No comments received	
Section 4. Effective Date	
This regulation shall be effective on [insert a date not less than 120 days after the date of adoption of the regulation].	
No comments received	
Section 5. Policy Definitions	
A. Except as provided in this regulation, a supplementary or short-term health insurance policy delivered or issued for delivery to any person in this state and to which this regulation applies shall contain definitions respecting the matters set forth below that comply with the requirements of this section.	
BCBSA	A. Except as provided in this regulation, a supplementary policy or short-term, limited-duration ~~health~~ insurance ~~policy~~ delivered or issued for delivery to any person in this state and to which this regulation applies shall contain definitions respecting the matters set forth below that comply with the requirements of this section.
MO DOI	A. ~~Except as provided in this regulation, a~~A supplementary health insurance policy, ~~or~~ short-term health insurance policy, limited scope dental policy or limited scope vision policy delivered or issued for delivery to any person in this state ~~and to which this regulation applies~~ shall contain definitions respecting the matters set forth below ~~that comply with the requirements of this section~~if the policy contains one of the terms and/or definitions set forth below.
UnitedHealthcare	A. Except as provided in this regulation, a supplementary or short-term health insurance policy delivered or issued for delivery to any person in this state and to which this regulation applies shall ~~contain~~comply with the requirements included in the definitions ~~respecting the matters~~ set forth below that comply with the requirements of this section.
B. "Convalescent nursing home," "extended care facility," or "skilled nursing facility" shall be defined in relation to its status, facility and available services. **(1) A definition of the home or facility shall not be more restrictive than one requiring that it: (a) Be operated pursuant to law; (b) Be approved for payment of Medicare benefits or be qualified to receive approval for payment of Medicare benefits, if so requested; (c) Be primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician; (d) Provide continuous twenty-four-hour-a-day nursing service by or under the supervision of a registered nurse; and (e) Maintain a daily medical record of each patient.**	

(2) The definition of the home or facility may provide that the term shall not be inclusive of: (a) A home, facility or part of a home or facility used primarily for rest; (b) A home or facility for the aged or for the care of drug addicts or alcoholics; or (c) A home or facility primarily used for the care and treatment of mental diseases or disorders, or for custodial or educational care. **Drafting Note:** The laws of the states relating to nursing and extended care facilities recognized in health insurance policies are not uniform. Reference to the individual state law may be required in structuring this definition.	
MO DOI	***** (2) The definition of the home or facility ~~may provide that the term shall not be inclusive of~~is permitted, but not required to exclude: (a) A home, facility or part of a home or facility used primarily for rest; (b) A home or facility for the aged or for the care of drug addicts or alcoholics; or (c) A home or facility primarily used for the care and treatment of mental diseases or disorders, or for custodial or educational care. *****
NAIC Consumer representatives	B. "Convalescent nursing home," "extended care facility," ~~or~~ "skilled nursing facility," "assisted living facility," or "continued care retirement community" shall be defined in relation to its status, facility and available services. (1) A definition of the home or facility shall not be more restrictive than one requiring that it: (a) Be operated pursuant to law; (b) Be approved for payment of Medicare and/or Medicaid benefits or be qualified to receive approval for payment of Medicare and/or Medicaid benefits, if so requested; (c) Be primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician; (d) Provide continuous twenty-four-hour-a-day nursing service by or under the supervision of a registered nurse; and (e) Maintain a daily medical record of each patient. (2) The definition of the home or facility may provide that the term shall not be inclusive of: (a) A home, facility or part of a home or facility used primarily for rest; (b) A home or facility for the aged and/or for the care of ~~drug addicts or alcoholics~~individuals with a substance-related disorder; or (c) A home or facility primarily used for the care and treatment of mental diseases or disorders, or for custodial or educational care. **Drafting Note:** The laws of the states relating to nursing and extended care facilities recognized in health insurance policies are not uniform. Reference to the individual state or federal Medicare or Medicaid law may be required in structuring this definition.
C. "Disability" or "disabled" shall be defined as due to injury or sickness.	
WA DOI	~~C. "Disability" or "disabled" shall be defined as due to injury or sickness.~~
D. "Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission.	

(1) The definition of the term "hospital" shall not be more restrictive than one requiring that the hospital: (a) Be an institution licensed to operate as a hospital pursuant to law; (b) Be primarily and continuously engaged in providing or operating, either on its premises or in facilities available to the hospital on a prearranged basis and under the supervision of a staff of licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an in-patient basis for which a charge is made; and (c) Provide twenty-four-hour nursing service by or under the supervision of registered nurses. **(2) The definition of the term "hospital" may state that the term shall not be inclusive of: (a) Convalescent homes or, convalescent, rest or nursing facilities; (b) Facilities affording primarily custodial, educational or rehabilitory care; (c) Facilities for the aged, drug addicts or alcoholics; or (d) A military or veterans' hospital, a soldiers' home or a hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the patient exists for charges made to the individual for the services.** **Drafting Note:** The laws of the states relating to the type of hospital facilities recognized in health insurance policies are not uniform. References to individual state law may be required in structuring this definition.	
America's Health Insurance Plans (AHIP)	(e) Facilities existing primarily to provide psychiatric services.
MO DOI	***** (2) The definition of the term "hospital" ~~may state that the term shall not be inclusive of~~is permitted, but not required to exclude: (a) Convalescent homes or, convalescent, rest or nursing facilities; (b) Facilities affording primarily custodial, educational or rehabilitory care; (c) Facilities for the aged, drug addicts or alcoholics; or (d) A military or veterans' hospital, a soldiers' home or a hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the patient exists for charges made to the individual for the services. *****
NAIC Consumer representatives	***** (2) The definition of the term "hospital" may state that the term shall not be inclusive of: (a) Convalescent homes or, convalescent, rest or nursing facilities; (b) Facilities affording primarily custodial~~,~~ or educational ~~or rehabilitory care~~services; ~~(c) Facilities for the aged, drug addicts or alcoholics;~~ or ~~(d)~~(c) A military or veterans' hospital, a soldiers' home or a hospital contracted for or operated by any national government or government agency for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability for the patient exists for charges made to the individual for the services. *****
E. (1) "Injury" shall be defined as bodily injury resulting from an accident, independent of disease or bodily injury, which occurs while the coverage is in force. **(2) An insurer may indicate that the "injury" shall be sustained independent of sickness.**	

(3) The definition shall not use words such as "external, violent, visible wounds" or similar words of characterization or description. **(4) The definition may state that the disability shall have occurred within a specified period of time (not less than thirty (30) days) of the injury, otherwise the condition shall be considered a sickness.** **(5) The definition may provide that "injury" shall not include an injury for which benefits are provided under workers' compensation, employers' liability or similar law; or under a motor vehicle no-fault plan, unless prohibited by law; or injuries occurring while the insured person is engaged in any activity pertaining to a trade, business, employment or occupation for wage or profit.**	
MO DOI	***** ~~(4) The definition may state that the disability shall have occurred within a specified period of time (not less than thirty (30) days) of the injury, otherwise the condition shall be considered a sickness.~~ ~~(5) The definition may provide that "injury" shall not include an injury for which benefits are provided under workers' compensation, employers' liability or similar law; or under a motor vehicle no-fault plan, unless prohibited by law; or injuries occurring while the insured person is engaged in any activity pertaining to a trade, business, employment or occupation for wage or profit.~~ *****
WA DOI	?Should this be a definition of "accidental injury"???
UnitedHealthcare	(1) "Injury" shall be defined as bodily injury ~~resulting from an accident, independent of disease or bodily injury~~, which occurs while the coverage is in force. All injuries due to the same accident are deemed to be one injury. *****
F. "Medicare" means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended.	
No comments received	
G. "Mental or nervous disorder" shall not be defined more restrictively than a definition including neurosis, psychoneurosis, psychosis, or mental or emotional disease or disorder of any kind.	
MO DOI	~~G. "Mental or nervous disorder" shall not be defined more restrictively than a definition including neurosis, psychoneurosis, psychosis, or mental or emotional disease or disorder of any kind.~~ G. "Mental health condition or substance use disorder" means any condition or disorder defined by categories listed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders.
NAIC consumer representatives	G. "Mental ~~or nervous~~disease or disorder" shall not be defined more restrictively than a definition including neurosis, psychoneurosis, psychosis, or mental or emotional disease ~~or disorder of any kind~~.

H. "Nurse" may be defined so that the description of nurse is restricted to a type of nurse, such as registered nurse, a licensed practical nurse, or a licensed vocational nurse. If the words "nurse," "trained nurse" or "registered nurse" are used without specific instruction, then the use of these terms requires the insurer to recognize the services of any individual who qualifies under the terminology in accordance with the applicable statutes or administrative rules of the licensing or registry board of the state.	
NAIC consumer representatives	H. "Nurse" may be defined so that the description of nurse is restricted to a type of nurse, such as an advance practice nurse, registered nurse, a licensed practical nurse, or a licensed vocational nurse. If the words "nurse," "advance practice nurse," "trained nurse" or "registered nurse" are used without specific instruction, then the use of these terms requires the insurer to recognize the services of any individual who qualifies under the terminology in accordance with the applicable statutes or administrative rules of the licensing or registry board of the state.
I. "One period of confinement" means consecutive days of in-hospital service received as an in-patient, or successive confinements when discharge from and readmission to the hospital occurs within a period of time not more than ninety (90) days or three times the maximum number of days of in-hospital coverage provided by the policy to a maximum of 180 days.	
MO DOI	Is this term used in the proposed revised model? Does not appear to be. If not, delete.
J. "Partial disability" shall be defined to meant that, due to a disability, an individual: **(1) Is unable to perform one or more but not all of the "major," "important" or "essential" duties of the individual's employment or existing occupation, or may be related to a percentage of time worked or to a specified number of hours or to compensation; and** **(2) Is in fact engaged in work for wage or profit.**	
NAIC consumer representatives	J. "Partial disability" shall be defined to meant that, due to a disability, an individual: (1) Is unable to perform one or more but not all of the "major," "important" or "essential" duties of the individual's employment or existing occupation, or may be related to a percentage of time worked or to a specified number of hours or to compensation; and (2) Is in fact engaged in work for wage or profit, including compensation in the form of goods and services.
K. (1) "Physician" may be defined by including words such as "qualified physician" or "licensed physician." The use of these terms requires an insurer to recognize and to accept, to the extent of its obligation under the contract, all providers of medical care and treatment when the services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws.	

(2) The definition or concept may exclude the insured, the owner, the assignee, any person related to the insured, owner or assignee by blood or marriage, any person who shares a significant business interest with the insured, owner or assignee, or any person who is a partner in a legally sanctioned domestic partnership or civil union with the insured, owner or assignee. **Drafting Note:** The laws of the states relating to the type of providers' services recognized in health insurance policies are not uniform. References to the individual state law may be required in structuring this definition.	
WA DOI	K. (1) "Physician" may be defined by including words such as "qualified physician" or "licensed physician." The use of these terms requires an insurer to recognize and to accept, [**WHAT DOES THIS MEAN?]:** to the extent of its obligation under the contract, all providers of medical care and treatment when the services are within the scope of the provider's licensed authority and are provided pursuant to applicable laws. (2) The definition [**WHAT DOES THIS MEAN?]:**or concept may exclude the insured, the owner, the assignee, any person related to the insured, owner or assignee by blood or marriage, any person who shares a significant business interest with the insured, owner or assignee, or any person who is a partner in a legally sanctioned domestic partnership or civil union with the insured, owner or assignee.
L. "Preexisting condition" shall not be defined more restrictively than the following: "Preexisting condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a [two] year period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a [two-] year period preceding the effective date of the coverage of the insured person." **Drafting Note:** This definition does not prohibit an insurer, using an application or enrollment form, including a simplified application form, designed to elicit the health history of a prospective insured and on the basis of the answers on that application or enrollment form, from underwriting in accordance with that insurer's established standards and in accordance with state law. It is assumed that an insurer that elicits a health history of a prospective insured will act on the information and if the review of the health history results in a decision to exclude a condition, the policy or certificate will be endorsed or amended by including the specific exclusion. This same requirement of notice to the prospective insured of the specific exclusion will also apply to insurers that elect to use simplified application or enrollment forms containing questions relating to the prospective insured's health. This definition does, however, prohibit an insurer that elects to use a simplified application or enrollment form, with or without a question as to the proposed insured's health at the time of application or enrollment, from reducing or denying a claim on the basis of the existence of a preexisting condition that is defined more restrictively than above.	
AHIP	Suggest separate definitions for supplementary coverage and STLDPs
MO DOI	L. "Preexisting condition" shall not be defined more restrictively than the following: "Preexisting condition means ~~the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a [two] year period preceding the effective date of the coverage of the insured person or~~ a condition for which medical advice or treatment was recommended by a physician or received from a physician within a [two-] year period preceding the effective date of the coverage of the insured person." **Drafting Note:** This definition does not prohibit an insurer, using an application or enrollment form, including a simplified application form, designed to elicit the health history of a prospective insured and on the basis of the answers on that application or enrollment

	form, from underwriting in accordance with that insurer's established standards and in accordance with state law. It is assumed that an insurer that elicits a health history of a prospective insured will act on the information and if the review of the health history results in a decision to exclude a condition, the policy or certificate will be endorsed or amended by including the specific exclusion. This same requirement of notice to the prospective insured of the specific exclusion will also apply to insurers that elect to use simplified application or enrollment forms containing questions relating to the prospective insured's health. This definition does, however, prohibit an insurer that elects to use a simplified application or enrollment form, with or without a question as to the proposed insured's health at the time of application or enrollment, from reducing or denying a claim on the basis of the existence of a preexisting condition that is defined more restrictively than above.
WA DOI	L. "Preexisting condition" shall not be defined more restrictively than the following: "Preexisting condition means the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a [two] year period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a [two-] year period preceding the effective date of the coverage of the insured person." **Drafting Note:** This definition does not prohibit an insurer, using an application or enrollment form, including a simplified application form, designed to elicit the health history of a prospective insured and on the basis of the answers on that application or enrollment form, from underwriting in accordance with that insurer's established standards and in accordance with state law. ~~It is assumed that an insurer that elicits a health history of a prospective insured will act on the information and if the review of the health history results in a decision to exclude a condition, the policy or certificate will be endorsed or amended by including the specific exclusion.~~ This same requirement of notice to the prospective insured of the specific exclusion will also apply to insurers that elect to use simplified application or enrollment forms containing questions relating to the prospective insured's health. This definition does, however, prohibit an insurer that elects to use a simplified application or enrollment form, with or without a question as to the proposed insured's health at the time of application or enrollment, from reducing or denying a claim on the basis of the existence of a preexisting condition that is defined more restrictively than above.
NAIC consumer representatives	L. "Preexisting condition" shall not be defined more restrictively than the following: "Preexisting condition means ~~the existence of symptoms that would cause an ordinarily prudent person to seek diagnosis, care or treatment within a [two] year period preceding the effective date of the coverage of the insured person or a condition~~ a specified condition for which medical advice, diagnosis, care or treatment was received or recommended by a physician or received from a physician within a [~~two~~6-] ~~year~~month period preceding the effective date of the coverage of the insured person." **Drafting Note:** This definition does not prohibit an insurer, using an application or enrollment form, including a simplified application form, designed to elicit the health history of a prospective insured and on the basis of the answers on that application or enrollment form, from underwriting in accordance with that insurer's established standards and in accordance with state and federal law. It is assumed that an insurer that elicits a health history of a prospective insured will act on the information and if the review of the health history results in a decision to exclude a condition and/or deny payment of a claim related to a condition, the policy or certificate will be endorsed or amended by including the specific exclusion and giving notice to the prospective insured about the condition or conditions for which related claims will not be paid. This same requirement of notice to the prospective insured of the specific exclusion or exclusions will also apply to insurers that elect to use simplified application or enrollment forms containing questions relating to the prospective insured's health. ~~This definition does, however, prohibit an insurer that elects to use a simplified application or enrollment form, with or~~

	~~without a question as to the proposed insured's health at the time of application or enrollment, from reducing or denying a claim on the basis of the existence of a preexisting condition that is defined more restrictively than above.~~
M. "Residual disability" shall be defined in relation to the individual's reduction in earnings and may be related either to the inability to perform some part of the "major," "important" or "essential duties" of employment or occupation, or to the inability to perform all usual business duties for as long as is usually required. A policy that provides for residual disability benefits may require a qualification period, during which the insured must be continuously totally disabled before residual disability benefits are payable. The qualification period for residual benefits may be longer than the elimination period for total disability. In lieu of the term "residual disability," the insurer may use "proportionate disability" or other term of similar import that in the opinion of the commissioner adequately and fairly describes the benefit.	
MO DOI	M. "Residual disability" shall be defined in relation to the individual's reduction in earnings and may be related either to the inability to perform some part of the "major," "important" or "essential duties" of employment or occupation, or to the inability to perform all usual business duties for as long as is usually required. ~~A policy that provides for residual disability benefits may require a qualification period, during which the insured must be continuously totally disabled before residual disability benefits are payable. The qualification period for residual benefits may be longer than the elimination period for total disability.~~ **(MOVE TO SUBSTANTIVE PROVISION IN THE MODEL?)** In lieu of the term "residual disability," the insurer may use "proportionate disability" or ~~other term of similar import~~a similar term that in the opinion of the commissioner adequately and fairly describes the benefit.
N. "Sickness" shall not be defined to be more restrictive than the following: "Sickness means sickness or disease of an insured person that first manifests itself after the effective date of insurance and while the insurance is in force. A definition of sickness may provide for a probationary period that shall not exceed thirty (30) days from the effective date of the coverage of the insured person." The definition may be further modified to exclude sickness or disease for which benefits are provided under a worker's compensation, occupational disease, employers' liability or similar law.	
MO DOI	N. "Sickness" shall not be defined to be more restrictive than the following: "Sickness means sickness or disease of an insured person that first manifests itself after the effective date of insurance and while the insurance is in force. [A definition of sickness may provide for a probationary period that shall not exceed thirty (30) days from the effective date of the coverage of the insured person.] **MOVE TO SUBSTANTIVE PROVISION IN THE MODEL?**" [The definition may be further modified to exclude sickness or disease for which benefits are provided under a worker's compensation, occupational disease, employers' liability or similar law. **REWORD THIS SECTION TO MAKE IT MORE UNDERSTANDABLE?**]
NAIC consumer representatives	N. "Sickness" shall not be defined to be more restrictive than the following: "Sickness means sickness or disease of an insured person that first manifests itself after the effective date of insurance and while the insurance is in force. A definition of sickness may provide for a probationary period that shall not exceed thirty (30) days from the effective date of the coverage of the insured person." The definition may be further modified to exclude sickness or disease for which benefits are provided under a worker's compensation, occupational disease, employers' liability or similar law. **Drafting Note**: States should ensure the probationary period, if applicable, is provided concurrent with – and not in addition to – any preexisting exclusion period that may be applicable.

UnitedHealthcare	N. (1) "Sickness" shall not be defined to be more restrictive than the following: "Sickness means sickness or disease of an insured person that first manifests itself after the effective date of insurance and while the insurance is in force. Sickness does not include pregnancy, learning disabilities, attitudinal disorders or disciplinary problems. (2) A definition of sickness may provide for a probationary period that shall not exceed thirty (30) days from the effective date of the coverage of the insured person." (3) A definition of sickness may provide that all sicknesses that exist at the same time and that are due to the same or related causes are considered to be one sickness. (4) The definition may also provide that if a sickness is due to causes that are the same as or related to the causes of a prior sickness, the sickness will be considered a continuation or recurrence of the prior sickness and not a separate sickness. (5) The definition may be further modified to exclude sickness or disease for which benefits are provided under a worker's compensation, occupational disease, employers' liability or similar law.
O. "Total disability" **(1) A general definition of total disability shall not be more restrictive than one requiring that the individual who is totally disabled not be engaged in any employment or occupation for which he or she is or becomes qualified by reason of education, training or experience; and is not in fact engaged in any employment or occupation for wage or profit.** **(2) Total disability may be defined in relation to the inability of the person to perform duties but may not be based solely upon an individual's inability to: (a) Perform "any occupation whatsoever," "any occupational duty," or "any and every duty of his occupation"; or (b) Engage in a training or rehabilitation program.** **(3) An insurer may require the complete inability of the person to perform all of the substantial and material duties of his or her regular occupation or words of similar import. An insurer may require care by a physician other than the insured or a member of the insured's immediate family.**	
WA DOI	O. "Total disability" (1) A general definition of total disability shall not be more restrictive than one requiring that the individual who is totally disabled not be engaged in any employment or occupation for which he or she is or becomes qualified by reason of education, training or experience; and is not in fact engaged in any employment or occupation for wage or profit. (2) Total disability may be defined in relation to the inability of the person to perform duties but may not be based solely upon an individual's inability to: (a) Perform "any occupation whatsoever," "any occupational duty," or "any and every duty of his occupation"; or (b) Engage in a training or rehabilitation program. **NEEDS TO BE CLARIFIED.** (3) An insurer may require the complete inability of the person to perform all of the substantial and material duties of his or her regular occupation or words of similar import. An insurer may require care by a physician other than the insured or a member of the insured's immediate family.

NAIC consumer representatives	O. "Total disability" (1) A general definition of total disability shall not be more restrictive than one requiring that the individual who is totally disabled not be engaged in any employment or occupation for which he or she is or becomes qualified by reason of education, training or experience~~; and is not in fact engaged in any employment or occupation for wage or profit~~. (2) Total disability may be defined in relation to the inability of the person to perform duties but may not be based solely upon an individual's inability to: (a) Perform "any occupation whatsoever," "any occupational duty," or "any and every duty of his occupation"; or (b) Engage in a training or rehabilitation program. (3) An insurer may require the complete inability of the person to perform all of the substantial and material duties of his or her regular occupation or words of similar import. An insurer may require care by a physician other than the insured or a member of the insured's immediate family.
Additional Suggested Definitions	
BCBSA	?. "Short-term, limited-duration insurance" means health insurance coverage offered or provided within the state pursuant to a contract by a health carrier, regardless of the situs of the delivery of the contract, that has an expiration date specified in the contract that is less than [X days or months] after the original effective date and, taking into account any extensions that may be elected by the policyholder with or without the carrier's consent, has a duration no longer than [X days or months] after the original effective date of the contract.
Idaho Insurance Department (ID DOI)	?. "Usual and customary" means ? or ?. Reasonable and customary" means ? ?. "Medically necessary" shall not be defined more restrictively than health care services and supplies that a physician or other health care provider, exercising prudent clinical judgment, would provide to an insured person for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms that are: (1) In accordance with generally accepted standards of medical practice; (2) Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the insured person's illness, injury or disease; (3) Not primarily for the convenience of the insured person, physician or other health care provider; and (4) Not more costly than an alternative service or sequence of services or supply, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the insured person's illness, injury or disease.

UnitedHealthcare	**Add back in the definition of "accident" and define**: "Accident" means an unintended or unforeseeable event or occurrence, which occurs on or after the policy effective date and for which benefits are not excluded in the General Exclusions and Limitations section.
NAIC consumer representatives	?"Cancellation" or "cancel" means termination of a supplementary or short-term, limited-duration policy before the end of the coverage period under the plan. ?. "Health care professional" means a physician, pharmacist, mental health professional, or other health care practitioner who is licensed, accredited or certified to perform specified health care services consistent with state law. **Drafting Note**: States may wish to specify the health care professionals to whom this definition may apply (e.g., physicians, pharmacists, psychologists, nurse practitioners, etc.). This definition applies to individual health care professionals, not corporate "persons." ?. "Out-of-Pocket Maximum" or "out-of-pocket limit" means the most the insured individual or individuals must pay for covered services under the plan or policy during the coverage period. It is inclusive of all deductibles, copayments, coinsurance, and other out-of-pocket charges the carrier requires under the plan or policy. ?. "Rescission" or "rescind" means the undoing or retroactive cancellation of a supplementary or short-term, limited duration health insurance plan. Rescission returns the carrier and the insured to the same positions as if the plan had never existed.

