

2740.3600 ENROLLMENT.

Subpart 1. **Open enrollment.** The state plan shall be open for enrollment by eligible persons at all times.

Subp. 2. **Eligible person.** "Eligible person," as used in subpart 1, means a resident of Minnesota who submits or on whose behalf is submitted a complete certificate of eligibility and enrollment form to the association or its writing carrier and who is not already covered by another state plan policy or contract.

A. A complete certificate of eligibility and enrollment form may provide:

- (1) name, address, age, and length of time as a resident of Minnesota;
- (2) name, address, and age of eligible dependents, if any, if they are to be insured. "Eligible dependent" means the insured person's spouse who has not reached age 65 or unmarried child, excluding:
 - (a) a legally separated spouse;
 - (b) a child who is 19 years old or older unless that child is a student or disabled child;
 - (c) a spouse or child who has applied for an individual state plan policy or contract pursuant to any conversion privilege granted to such eligible dependent under the insured person's state plan policy or contract; and
 - (d) a spouse or child on active duty in any military, naval or air force of any country;

(3) evidence of rejection, or a requirement of a restrictive rider, rate-up, or preexisting conditions limitation on a qualified plan or qualified Medicare supplement plan, the effect of which is to substantially reduce coverage from that received by a person who is considered a standard risk, by one association member, or by an authorized representative, including an insurance agent, acting on behalf of an association member, within six months of the date of application. "Substantially reduce coverage from that received by a person who is considered a standard risk" includes any restriction on coverage as a result of an illness, condition, or risk which the association deems substantial, any increase in rates for an applicant based on an illness, condition, or risk, which the association deems substantial, and any preexisting conditions limitation which the association deems substantial.

B. In lieu of evidence of rejection, or a requirement of a restrictive rider, rate-up, or preexisting conditions limitation on a qualified plan or qualified Medicare supplement plan, as required by item A, subitem (3), a complete certificate of eligibility and enrollment form may provide evidence which meets the requirements of an operating rule adopted by the association of a proposed covered person having been treated within three years of the

date of the certificate of eligibility and enrollment form for one or more conditions listed in the operating rule.

C. Before a person is determined to be an eligible person, the board may require that any items listed in items A and B or, if acting pursuant to provisions of the association's operating rules, other necessary information be submitted to the association or its writing carrier and may also investigate the authenticity of information submitted as a part of the certificate of eligibility.

D. If a covered person, under a qualified plan of the state plan, upon reaching age 65, or becoming enrolled in Medicare, wishes to purchase a state plan qualified Medicare supplement plan, the requirement that the person obtain one rejection, restrictive rider, rate-up, or preexisting conditions limitation on a qualified Medicare supplement plan, the effect of which is to substantially reduce coverage from that received by a person who is considered a standard risk, from one member of the association, or from an authorized representative, including an insurance agent acting on behalf of an association member, within the preceding six months may be waived by the board if acting pursuant to provisions of the association's operating rules.

E. A person who is age 65 or older shall be eligible for coverage only under the state plan's qualified Medicare supplement plan and when an insured person under a qualified plan reaches age 65, the board may, if acting pursuant to provisions of the association's operating rules, terminate or refuse to renew coverage under the qualified plan. A person under age 65 who is otherwise eligible for coverage under the state plan and is enrolled in Medicare shall be permitted to purchase a qualified plan 1 or 2 or the qualified Medicare supplement plan of the state plan.

F. An applicant or any person proposed to be covered under a qualified plan of the state plan who has previously been covered under one or more qualified plans of the state plan and who has exhausted the \$250,000 maximum lifetime benefit shall not be an eligible person for coverage under a qualified plan of the state plan; an applicant or any person proposed to be covered under a qualified Medicare supplement plan of the state plan who has previously been covered under one or more qualified Medicare supplement plans of the state plan and who has exhausted the \$100,000 maximum lifetime benefit shall not be an eligible person for coverage under a qualified Medicare supplement plan of the state plan.

G. When a covered person under the state plan no longer meets one or more of the requirements for eligibility for coverage under the state plan, the board may, if acting pursuant to the association's operating rules, terminate or refuse to renew coverage under the state plan.

Statutory Authority: *MS s 62E.09*

History: *10 SR 474*

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