

62A.041 ACCIDENT AND HEALTH INSURANCE

CHAPTER 62A. ACCIDENT AND HEALTH INSURANCE

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62A.041 Maternity benefits; unmarried women

Each group policy of accident and health insurance issued or renewed after June 4, 1971, shall provide the same coverage for maternity benefits to unmarried women and minor female dependents that it provides to married women including the wives of employees choosing dependent family coverage. Each group policy shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage.

Each individual policy of accident and health insurance shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. Each individual policy shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage.

For the purposes of this section, the term "maternity benefits" shall not include elective, induced abortion whether performed in a hospital, other abortion facility, or the office of a physician.

[1973 c 651 s 1]

62A.042 Family coverage; coverage of newborn infants

Subdivision 1. Individual family policies; renewals. No policy of individual accident and sickness insurance which provides for insurance for more than one person under section 62A.03, subdivision 1, clause (3), shall be renewed to insure any person in this state or be delivered or issued for delivery to any person in this state unless such policy includes as insured members of the family any newborn infants immediately from the moment of birth and thereafter which insurance shall provide coverage for illness, injury, congenital malformation or premature birth.

Subd. 2. Group policies; renewals. No group accident and sickness insurance policy which provides for coverage of family members or other dependents of an employee or other member of the covered group shall be renewed to cover members of a group located in this state or delivered or issued for delivery in this state unless such policy includes as insured family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance shall provide coverage for illness, injury, congenital malformation or premature birth.

[1973 c 303 s 1]

(NOTE: For effective date of this section see Laws 1973, Chapter 303, Section 4.)

62A.043 Dental procedures

Subdivision 1. The provisions of this section shall apply to all individual or group policies or subscriber contracts providing payment for care in this state, which are issued or renewed after August 1, 1973 by accident and health insurance companies regulated under chapter 62A, and nonprofit health service plan corporations regulated under chapter 62C.

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Subd. 2. Any policy or contract referred to in subdivision 1 which provides coverage for services which can be lawfully performed within the scope of the license of a duly licensed dentist, shall provide benefits for such services whether performed by a duly licensed physician or duly licensed dentist.

[1973 c 430 s 1]

62A.044 Payments to governmental institutions

No group or individual policy of accident and sickness insurance issued or renewed after May 22, 1973 pursuant to chapter 62A, and no group or individual service plan or subscriber contract issued or renewed after May 22, 1973 pursuant to chapter 62C, shall contain any provision denying or prohibiting payments for services rendered by a hospital or medical institution owned or operated by the federal, state, or local government or practitioners therein in any instance wherein charges for such services are imposed against the policy holder or subscriber. The unit of government operating the institution may maintain an action for recovery of such charges.

[1973 c 471 s 1]

62A.081 Payments to facilities operated by state or local government

Every group or individual policy of accident and sickness insurance issued or renewed after July 1, 1973 regulated by chapter 62A, and every group or individual service plan or subscriber contract issued or renewed after July 1, 1973 regulated by chapter 62C, providing care or payment for care in this state, shall provide payments for services rendered by a hospital or medical facility owned or operated by, or on behalf of, the state or any unit of local government, or practitioners therein, on the same basis as are made for like care in other facilities. The unit of government concerned may maintain an action for recovery of such payments.

[1973 c 765 s 24]

62A.10 Group Insurance

[For text of subd. 1, see M.S.1971]

Subd. 2. Policy forms. No policy of group accident and health insurance may be issued or delivered in this state unless the same has been approved by the commissioner in accordance with section 62A.02, subdivisions 1 to 6. These forms shall contain the standard provisions relating and applicable to health and accident insurance and shall conform with the other requirements of law relating to the contents and terms of policies of accident and sickness insurance in so far as they may be applicable to group accident and health insurance, and also the following provisions:

(1) **Entire contract.** A provision that the policy and the application of the employer, or executive officer or trustee of any association, and the individual applications, if any, of the employees or members insured, shall constitute the entire contract between the parties, and that all statements made by the employer or any executive officer or trustee in behalf of the group to be insured, shall, in the absence of fraud, be deemed representations and not warranties, and that no such statement shall be used in defense to a claim under the policy, unless it is contained in the written application;

(2) **Master policy-certificates.** A provision that the insurer will issue a master policy to the employer, or to the executive officer or trustee of the association; and the insurer shall also issue to the employer or to the executive officer or trustee of the association, for delivery to the employee or member who is insured under the policy, an individual certificate setting forth a statement as to the insurance protection to which he is entitled and to whom payable, together with a statement as to when and where the master policy, or a copy thereof, may be seen for inspection by the individual insured; this individual certificate may contain the names of, and insure the dependents of, the employee or member, as provided for herein;

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(3) **New Insureds.** A provision that to the group or class thereof originally insured may be added, from time to time, all new employees of the employer or members of the association eligible to and applying for insurance in that group or class and covered or to be covered by the master policy.

[1973 c 303 s 2]

(NOTE: For effective date of this subdivision see Laws 1973, Chapter 303, Section 4.)

62A.145 Survivors of deceased employee; definitions

Subdivision 1. For the purposes of this section and section 62A.146, the terms defined in this section shall have the meanings here given them.

Subd. 2. "Covered employee" means any person who, at the time of his death, was employed by any employer providing, offering or contributing to group insurance coverage for that employee who was so enrolled for the coverage.

Subd. 3. "Group insurance" means any policy or contract of accident and health protection, regardless of by whom underwritten, paid for in full or in part by an employer, which provides benefits, including cash payments for reimbursement of expenses and the provision of usual and needed health care and medical services as the result of any injury, sickness, disability or disease suffered by a group of employees, or any one of them, and the dependents of such employees.

Subd. 4. "Employer" means any natural person, company, corporation, partnership, association or firm which employs any employee.

Subd. 5. "Survivor" means any person who would be entitled to and be dependent upon economic support by an employee if that employee were alive; including any spouse and/or child or children as defined by the group insurance policy.

[1973 c 339 s 1]

62A.146 Group insurance; continuation of benefits to survivors

Every employer providing a policy or plan of accident and health protection and benefits for his employees, or any of them, and the dependents of such employees shall not, except upon the written consent of the survivor or survivors of any deceased covered employee, terminate, suspend or otherwise restrict the participation in or the receipt of benefits otherwise payable under such policy or plan of group insurance to such survivor or survivors within one year of the covered employee's death. Provided, however, that any survivor or survivors, in order to have the coverage and benefits extended for such one year period, as herein provided, may be required to pay the entire cost of such protection. Failure of the survivor to make premium payments in advance to the employer shall be a basis in itself for the termination of the coverage without the written consent heretofore required for such termination; but in event of termination by reason of the survivor's failure to make required premium payments, if any, written notice of such cancellation must be sent by the policyholder by mail to said survivor's last known address at least 15 days prior to such cancellation.

[1973 c 339 s 2]

62A.147 Disabled employees' benefits; definitions

Subdivision 1. For the purposes of this section and section 62A.148, the terms defined in this section shall have the meanings here given them.

Subd. 2. "Covered employee" means any person who, at the time he suffered an injury resulting in total disability or became totally disabled by reason of illness, was employed by and receiving a salary, commission, hourly wage, or other remuneration for his services by any employer providing, offering or contributing to group insurance coverage for that employee who was so enrolled for the coverage.

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Subd. 3. "Total disability" means (a) the inability of an injured or ill employee to engage in or perform the duties of his regular occupation or employment within the first two years of such disability and (b) after the first two years of such disability, the inability of the employee to engage in any paid employment or work for which he may, by his education and training, including rehabilitative training, be or reasonably become qualified.

Subd. 4. "Group insurance" means any policy or contract of accident and health protection, regardless of by whom underwritten, which provides benefits, including cash payments for reimbursement of expenses or the provision of usual needed health care and medical services as the result of any injury, sickness, disability or disease suffered by a group of employees, or any one of them, and which protection is paid for or otherwise provided in full or in part by an employer.

Subd. 5. "Employer" means any natural person, company, corporation, partnership, association, firm, or franchise which employs any employee.

Subd. 6. "Insurer" means any person, company, corporation including a nonprofit corporation, partnership, association, firm or franchise which underwrites or is by contract or other agreement obligated to provide accident and health protection benefits to any group of employees of any employer.

[1973 c 340 s 1]

62A.148 Group insurance; provision of benefits for disabled employees

No employer or insurer of that employer shall terminate, suspend or otherwise restrict the participation in or the receipt of benefits otherwise payable under any program or policy of group insurance to any covered employee who becomes totally disabled while employed by the employer solely on account of absence caused by such total disability. If the employee is required to pay all or any part of the premium for the extension of coverage, payment shall be made to the employer, by the employee.

[1973 c 340 s 2]

62A.149 Benefits for alcoholics and drug dependents

Subdivision 1. No policy or plan of health, medical, hospitalization, or accident and sickness insurance regulated under chapter 62A, or nonprofit health service plan corporation regulated under chapter 62C shall be delivered, issued, executed or renewed in this state, or approved for issuance or renewal in this state by the commissioner of insurance, after September 30, 1973, unless such policy or plan specifically includes and provides health service benefits to any subscriber or other person covered thereunder, on the same basis as other benefits, for the treatment of alcoholism, chemical dependency or drug addiction in

(1) a licensed hospital, or

(2) confinement in a residential primary treatment program as licensed by the state of Minnesota pursuant to diagnosis or recommendation by a doctor of medicine.

Provided, however, that the restrictions and requirements of this subdivision shall not apply to any plan or policy which is individually underwritten or provided for a specific individual and the members of his family as a non-group policy.

Subd. 2. Coverage under subdivision 1 shall be for at least 20 percent of the total patient days allowed by the policy and in no event shall coverage be for less than 28 days in each calendar year.

[1973 c 585 s 1, 2]

62A.15 Chiropractic services in accident and health and nonprofit health service policies

Subdivision 1. Applicability. The provisions of this section shall apply to all group policies or subscriber contracts providing payment for care in this

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state, which are issued or renewed after August 1, 1973 by accident and health insurance companies regulated under chapter 62A, and nonprofit health service plan corporations regulated under chapter 62C.

Subd. 2. Chiropractic services. All benefits provided by any policy or contract referred to in subdivision 1, relating to expenses incurred for medical treatment or services of a physician shall also include chiropractic treatment and services of a chiropractor to the extent that the chiropractic services and treatment are within the scope of chiropractic licensure.

[1973 c 252 s 1]

CHAPTER 62C. NONPROFIT HEALTH SERVICE PLAN CORPORATIONS ACT

Sec.

62C.14 Subscriber contracts.

62C.14 Subscriber contracts

[For text of subds. 1 to 5, see M.S.1971]

Subd. 5a. Any group subscriber's contract delivered or issued for delivery or renewed in this state after August 1, 1973 shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. Each group subscriber's contract shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage. Any group contracting for a group subscriber's contract may request that the coverage required by this section be omitted.

An individual subscriber's contract delivered or issued for delivery in this state shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. Each subscriber's individual contract shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage.

[1973 c 494 s 5; 1973 c 651 s 2]

Subd. 5b. The provisions of subdivision 5a shall apply to all health maintenance organizations regulated under any health maintenance organization enabling act enacted in 1973.

[1973 c 651 s 3]

[For text of subds. 6 to 13, see M.S.1971]

Subd. 14. No subscriber's individual contract or any group contract which provides for coverage of family members or other dependents of a subscriber or of an employee or other group member of a group subscriber, shall be renewed, delivered, or issued for delivery in this state unless such contract includes as covered family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance shall provide coverage for illness, injury, congenital malformation or premature birth.

[1973 c 303 s 3]

(NOTE: For effective date of this subdivision see Laws 1973, Chapter 303, Section 4.)