CHAPTER 62A. ACCIDENT AND HEALTH INSURANCE

62A.025 Uniform health insurance claim forms.

The commissioner of insurance shall prescribe uniform health insurance claim forms for each class of provider which shall be used by all insurers issuing in this state policies of accident and sickness insurance, all service plan corporations issuing in this state subscriber contracts, and all state agencies that require health insurance claims for their records. The forms shall be scannable where required and provide information as required to insure maximum federal participation in program and administrative costs. Whenever feasible, the commissioner shall utilize the standardized claim form of the provider or an association to which the provider belongs.

[*1975 c 387 s 1*]

62A.045 Payments to welfare recipients.

No policy of accident and sickness insurance issued or renewed after August 1, 1975, shall contain any provision denying or reducing benefits because services are rendered to an insured or dependent who is eligible for or receiving medical assistance pursuant to chapter 256B.

[*1975 c 247 s 1*]

62A.151 Health insurance benefits for emotionally handicapped children.

No policy or plan of health, medical, hospitalization, or accident and sickness insurance regulated under this chapter, or nonprofit health service plan corporation regulated under chapter 62C, or health maintenance organization regulated under chapter 62D which provides coverage of or reimbursement for inpatient hospital and medical expenses 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 July 1, 1975 unless the policy or plan 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 emotionally handicapped children in a residential treatment facility licensed by the commissioner of public welfare. For purposes of this section "emotionally handicapped child" shall have the meaning set forth by the commissioner of public welfare in the rules and regulations relating to residential treatment facilities. The restrictions and requirements of this section 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 nongroup policy. The mandatory coverage under this section shall be on the same basis as inpatient hospital medical coverage provided under the policy or plan.

[*1975 c 40 s 1*]

62A.152 Benefits for ambulatory mental health services.

Subdivision 1. The provisions of this section shall apply to all group policies or subscriber contracts which are issued or renewed within this state after August 1, 1975 by accident and health insurance companies regulated under this chapter, and nonprofit health service plan corporations regulated under chapter 62C.

Subd. 2. All group policies and all group subscriber contracts providing benefits for mental or nervous disorder treatments in a hospital shall also provide coverage, to at least the extent of 90 percent of the first $600 of the cost of the usual and customary charges incurred over a 12-month period, for mental or nervous disorder consultation, diagnosis and treatment services delivered

while the insured person is not a bed patient in a hospital, if such services are furnished by (1) a licensed or accredited hospital, (2) a community mental health center or mental health clinic approved or licensed by the commissioner of public welfare or other authorized state agency, or (3) by a consulting psychologist licensed under the provisions of sections 148.87 to 148.99, or by a psychiatrist licensed under chapter 147.

[*1975 c 89 s 1*]

62A.17 Termination of employment.

[*For text of subd 1, see M.S.1974*]

Subd. 2. Responsibility of employee. Every eligible employee electing to continue coverage shall pay his former employer, on a monthly basis, the cost of the continued coverage. If the policy, contract or health care plan is administered by a trust every eligible employee electing to continue coverage shall pay the trust the cost of continued coverage according to the eligibility rules established by the trust. The employee shall be eligible to continue the coverage until he becomes re-employed and eligible for health care coverage under a group policy, contract or plan sponsored by the same or another employer, or for a period of six months after the termination of employment, whichever is shorter.

[*For text of subd 3, see M.S.1974*]

Subd. 4. Responsibility of employer. After timely receipt of the monthly payment from an eligible employee, if the employer, or the trustee if the policy, contract or health care plan is administered by a trust, fails to make the payment to the insurer, the nonprofit health service plan corporation or the health maintenance organization, with the result that the employee's coverage is terminated, the employer or the trust shall become liable for the employee's coverage to the same extent as the insurer, the nonprofit health service plan corporation or the health maintenance organization, would be if the coverage were still in effect.

Subd. 5. Notice of options. Upon the termination of employment of an eligible employee, the employer shall inform the employee within five days of such termination of:

(a) his right to elect to continue the coverage;

(b) the amount he must pay monthly to the employer to retain the coverage;

(c) the manner in which and the office of the employer to which the payment to the employer must be made; and

(d) the time by which the payments to the employer must be made to retain coverage.

If the policy, contract or health care plan is administered by a trust, the terminating employer is relieved of the obligation imposed by clauses (a) to (d). The trust shall inform the employee of the information required by clauses (a) to (d).

Notice may be in writing and sent by first class mail to the employee's last known address which the employee has provided the employer or trust. If the employer or trust fails to so notify the employee who is properly enrolled in the program, the employee shall have the option to retain coverage provided

he makes this election within 60 days of the date his employment is terminated by making the proper payment to the employer or trust to provide continuous coverage.

[*1975 c 100 s 1-3*]

62A.18 Prohibition against disability offsets.

No individual or group policy of accident and health insurance issued, amended, renewed, or delivered in this state on or after January 1, 1976 shall contain any provision offsetting, or in any other manner reducing, any benefit under the policy by the amount of, or in proportion to, any increase in disability benefits received or receivable under the federal Social Security Act, the Railroad Retirement Act, any Veteran's Disability Compensation and Survivor Benefits Act, Worker's Compensation, or any similar federal or state law, as amended subsequent to the date of commencement of such benefit.

[*1975 c 323 s 1*]

CHAPTER 62B. CREDIT LIFE AND ACCIDENT AND HEALTH INSURANCE

62B.06 Provisions of policies and certificates of insurance; disclosure to debtors.

[*For text of subd 1, see M.S.1974*]

Subd. 2. Each individual policy or group certificate of credit life insurance, or credit accident and health insurance shall, in addition to other requirements of law, set forth the name and home office address of the insurer, the name or names of the debtor or in the case of a certificate under a group policy, the identity by name or otherwise of the debtor, the rate or amount of payment, if any, by the debtor separately for credit life insurance and credit accident and health insurance, a description of the amount, term and coverage including any exceptions, limitations and restrictions, and shall state that the benefits shall be paid to the creditor to reduce or extinguish the unpaid indebtedness and, wherever the amount of insurance may exceed the unpaid indebtedness, that any such excess shall be payable to a beneficiary, other than the creditor, named by the debtor or to his estate. No individual or group policy of credit accident and health insurance issued, amended, renewed, or delivered in this state on or after January 1, 1976 shall contain any provision offsetting, or in any other manner reducing any benefit under the policy by the amount of, or in proportion to, any increase in disability benefits received or receivable under the federal Social Security Act, as amended subsequent to the date of commencement of such benefit.

[*1975 c 323 s 2*]

[*For text of subds 3 to 5, see M.S.1974*]

CHAPTER 62C. NONPROFIT HEALTH SERVICE PLAN CORPORATIONS ACT

62C.14 Subscriber contracts.

[*For text of subds 1 to 14, see M.S.1974*]