

§ 1374.1. Availability of dependent coverage

(a) An individual health care service plan contract issued, amended, or

renewed on or after January 1, 2023, that provides dependent coverage shall make dependent coverage available to a parent or stepparent who meets the definition of a qualifying relative under Section 152(d) of Title 26 of the United States Code and who lives or resides within the health care service plan's service area.

(b) It is the intent of the Legislature to ensure that an individual who is seeking to add to their contract a dependent parent or stepparent who is eligible for or enrolled in Medicare is informed of and understands their specific rights and health care options before enrolling the dependent parent or stepparent in an individual health care service plan contract, including the potential benefits, financial assistance, and tax liability under those options.

(c) If an applicant is seeking to add to their contract a dependent parent or stepparent who is eligible for or enrolled in Medicare:

(1) A health care service plan shall provide, at the time of solicitation and on the application, to an applicant who does not apply through the California Health Benefit Exchange written notice that the Health Insurance Counseling and Advocacy Program (HICAP) provides health insurance counseling to senior California residents free of charge, including the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number, 1-800-434-0222.

(2) The California Health Benefit Exchange shall provide to an applicant who applies through the California Health Benefit Exchange written notice that HICAP provides health insurance counseling to senior California residents free of charge, including the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number, 1-800-434-0222.

(3) A solicitor shall provide the name, address, and telephone number of the local HICAP program and the statewide HICAP telephone number, 1-800-434-0222, at the time of solicitation.

(d) This section does not apply to specialized health care service plans, Medicare supplement insurance, CHAMPUS supplement insurance, or TRICARE supplement insurance, or to hospital-only, accident-only, or specified disease insurance policies that reimburse for hospital, medical, or surgical benefits.

HISTORY: Added Stats 2021 ch 257 § 1 (AB 570), effective January 1, 2022. Amended Stats 2022 ch 118 § 1 (AB 2127), effective January 1, 2023.

§ 1374.3. Compliance with standards for insurance incident to support and for insurance coverage relating to Medi-Cal beneficiaries

Notwithstanding any other provision of this chapter or of a health care service plan contract, every health care service plan shall comply with the requirements of Chapter 7 (commencing with Section 3750) of Part 1 of Division 9 of the Family Code and Section 14124.94 of the Welfare and Institutions Code.

HISTORY: Added Stats 1994 ch 147 § 8 (AB 2377), effective July 9, 1994. Amended Stats 1996 ch 1062 § 18 (AB 1832).

§ 1374.5. Unenforceability of lifetime waiver of mental health services coverage in nongroup contract

A health care service plan, which is issued, renewed, or amended on or after January 1, 1988, which includes mental health services coverage in nongroup contracts may not include a lifetime waiver for that coverage with respect to any applicant. The lifetime waiver of coverage provision shall be deemed unenforceable.

HISTORY:

Added Stats 1987 ch 1163 § 1.