§ 1367.001. Individual or group health care service plan restrictions on lifetime and annual limits on dollar value of covered benefits; Exceptions

(a) An individual or group health care service plan contract shall not establish either of the following:

(1) Lifetime limits on the dollar value of any covered benefits for an enrollee, whether provided in network or out of network.

(2) Annual limits on the dollar value of any covered benefits for an enrollee, whether provided in network or out of network.

(b) Subdivision (a) does not prevent a group health care service plan contract from placing annual or lifetime per-enrollee limits on specific covered benefits that are not essential health benefits, as defined under Section 1367.005, to the extent that those limits are otherwise permitted under state law.

(c) This section does not apply to a health care service plan contract or insurance policy issued, sold, renewed, or offered for health care services or coverage provided in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code), the Medi-Cal Access Program (Chapter 2 (commencing with Section 15810) of Part 3.3 of Division 9 of the Welfare and Institutions Code), or the California Major Risk Medical Insurance Program (Chapter 4 (commencing with Section 15870) of Part 3.3 of Division 9 of the Welfare and Institutions Code).

(d) This section does not apply to a specialized health care service plan that does not cover an essential health benefit, as defined under Section 1367.005, or a Medicare supplement policy.

HISTORY:

Added Stats 2020 ch 302 § 2 (SB 406), effective September 29, 2020.