## INSURANCE COMPANY LAW OF 1921 - HEALTH INSURANCE COVERAGE FOR CERTAIN CHILDREN OF INSURED PARENTS, CONDITIONS SUBJECT TO WHICH POLICIES ARE TO BE ISSUED

Act of Jun. 10, 2009, P.L. 42, No. 4 Cl. 40 Session of 2009 No. 2009-4

SB 189

## AN ACT

Amending the act of May 17, 1921 (P.L.682, No.284), entitled "An act relating to insurance; amending, revising, and consolidating the law providing for the incorporation of insurance companies, and the regulation, supervision, and protection of home and foreign insurance companies, Lloyds associations, reciprocal and inter-insurance exchanges, and fire insurance rating bureaus, and the regulation and supervision of insurance carried by such companies, associations, and exchanges, including insurance carried by the State Workmen's Insurance Fund; providing penalties; and repealing existing laws," further providing for conditions subject to which policies are to be issued; and providing for health insurance coverage for certain children of insured parents.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Section 617(A)(3) of the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, repealed and added May 25, 1951 (P.L.417, No.99), is amended to read:

Section 617. Conditions Subject to Which Policies Are to Be Issued.--(A) No such policy shall be delivered or issued for delivery to any person in this Commonwealth unless: \* \* \*

(3) it purports to insure only one person, except that a policy may insure, originally or by subsequent amendment, upon the application of an adult head of a family who shall be deemed the policyholder, any two or more eligible members of that family, including husband, wife, dependent children or any children under a specified age which, **except as provided under section 617.1**, shall not exceed nineteen years and any other person dependent upon the policyholder; and

\* \* \*

Section 2. The act is amended by adding a section to read: Section 617.1. Health Insurance Coverage for Certain Children of Insured Parents.--(A) An insurer that issues, delivers, executes or renews group health care insurance in this Commonwealth under which coverage of a child would otherwise terminate at a specified age shall, at the option of the policyholder, provide coverage to a child of an insured employe beyond that specified age, up through and including the age of 29, at the insured employe's expense, and provided that the child meet all of the following requirements:

(1) Is not married.

(2) Has no dependents.

(3) Is a resident of this Commonwealth or is enrolled as a full-time student at an institution of higher education.

Is not provided coverage as a named subscriber, insured, (4) enrollee or covered person under any other group or individual health insurance policy or enrolled in or entitled to benefits under any government health care benefits program, including benefits under Title XVIII of the Social Security Act (49 Stat. 620, 42 U.S.C. § 1395 et seq.).

Insurers may determine increases in premiums related (B) to continuation of coverage for the adult dependent past the limiting age of nineteen.

This section shall not include the following types of (C) insurance or any combination thereof: (1) Hospital indemnity.

(2) Accident.

(3) Specified disease.

(4) Disability income.

- (5) Dental.
- (6) Vision.

Civilian Health and Medical Program of the Uniformed (7) Services (CHAMPUS) supplement.

(8) Medicare supplement.

Long-term care. (9)

(10) Other limited benefit plans.

(11) Individual health insurance policies.

For the purpose of this section: (D)

" Health care insurance " means a group health, sickness or accident policy or subscriber contract or certificate issued by an entity subject to any one of the following:

This act. (1)

(2) The act of December 29, 1972 (P.L.1701, No.364) , known as the "Health Maintenance Organization Act."

The act of May 18, 1976 (P.L.123, No.54) , known as (3) the "Individual Accident and Sickness Insurance Minimum Standards Act."

40 Pa.C.S. Ch . 61 (relating to hospital plan (4) corporations) or 63 (relating to professional health services plan corporations).

(5) Article XXIV.

Section 3. This act shall apply to new contracts and contract renewals occurring 90 days after the effective date of this act.

Section 4. This act shall take effect in 90 days.

APPROVED--The 10th day of June, A.D. 2009.

EDWARD G. RENDELL