

§5051-A. Required and prohibited provisions

1. Prohibited provisions. A long-term care policy may not:

- A. Contain coverage for skilled nursing facilities only; [PL 1989, c. 556, Pt. B, §3 (NEW).]
 - B. Exclude coverage for skilled, intermediate or custodial care received by a resident of a skilled nursing or intermediate care facility; [PL 1989, c. 556, Pt. B, §3 (NEW).]
 - C. Require a prior hospital stay as a condition for any policy benefits; [PL 1989, c. 556, Pt. B, §3 (NEW).]
 - D. Require a prior skilled nursing facility stay as a condition for intermediate care facility benefits; or [PL 1989, c. 556, Pt. B, §3 (NEW).]
 - E. Require prior institutionalization as a condition of receipt of home health care benefits. [PL 1989, c. 556, Pt. B, §3 (NEW).]
- [PL 1989, c. 556, Pt. B, §3 (NEW).]

2. Required provisions. A long-term care policy must provide:

- A. Custodial care benefits that are at least 50% of those provided for skilled nursing care in a nursing facility provided that the benefits need not exceed usual, customary and reasonable charges; [PL 1989, c. 556, Pt. B, §3 (NEW).]
- B. Benefits for home health care services rendered by a home health care provider; [PL 1989, c. 556, Pt. B, §3 (NEW).]
- C. Home health care coverage for at least 90 visits in any continuous 12-month period during which coverage is in force; and [PL 1989, c. 556, Pt. B, §3 (NEW).]
- D. Per visit benefits for home health care services which are at least 50% of the daily benefit for skilled nursing facility confinement provided that the benefit need not exceed usual, customary and reasonable charges. [PL 1989, c. 556, Pt. B, §3 (NEW).]

[PL 1989, c. 556, Pt. B, §3 (NEW).]

SECTION HISTORY

PL 1989, c. 556, §B3 (NEW).

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