

Subpart 3. Exclusion of Plans.

§ 58-68-55. Exclusion of certain plans.

(a) Exception for Certain Benefits. – The requirements of Subparts 1 and 2 of this Part do not apply to any group health insurance coverage in relation to its provision of excepted benefits described in G.S. 58-68-25(b)(1).

(b) Exception for Certain Benefits if Certain Conditions Met. –

- (1) Limited, excepted benefits. – The requirements of Subparts 1 and 2 of this Part do not apply to any group health insurance plan in relation to its provision of excepted benefits described in G.S. 58-68-25(b)(2) if the benefits:
 - a. Are provided under a separate policy, certificate, or contract of insurance; or
 - b. Are otherwise not an integral part of the plan.
- (2) Noncoordinated, excepted benefits. – The requirements of Subparts 1 and 2 of this Part do not apply to any group health insurance plan in relation to its provision of excepted benefits described in G.S. 58-68-25(b)(3) if all of the following conditions are met:
 - a. The benefits are provided under a separate policy, certificate, or contract of insurance.
 - b. There is no coordination between the provision of the benefits and any exclusion of benefits under any group health insurance plan maintained by the same policyholder.
 - c. The benefits are paid with respect to an event without regard to whether benefits are provided with respect to that event under any group health insurance plan maintained by the same policyholder.
- (3) Supplemental, excepted benefits. – The requirements of this Part do not apply to any group health insurance plan in relation to its provision of excepted benefits described in G.S. 58-68-25(b)(4) if the benefits are provided under a separate policy, certificate, or contract of insurance. (1997-259, s. 1(c).)