Insurance; group insurance policies

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Recommended Citation

Available at: https://scholarlycommons.pacific.edu/nlr/vol1987/iss1/112

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the aged, blind, and disabled. Chapter 348 prohibits an insurer from selling a health insurance policy that supplements Medicare to a person who has purchased two other supplemental policies of health insurance. Additionally, Chapter 348 requires an insurer selling a second supplemental policy to extend coverage without any reduction in benefits under the first policy.

JMA

1. See Social Security Act, 42 U.S.C. §§ 301-306, 401-425; Nev. Rev. Stat. § 422.233 (state plan for supplementary assistance to needy, aged or blind persons); id. § 422.052 (definition of services to the aged, blind or disabled).
3. Id. § 681A.030 (definition of health insurance).
4. Id. § 679A.112 (definition of policy).

Insurance; group insurance policies

SB 330 (O'Donnell); 1987 Stat. Ch 372

Existing law requires group health insurance policies to contain a provision reducing the liability of the insurer for benefits obtained under another valid group insurance policy. Chapter 372 mandates that the benefits of a primary policy of group insurance must be determined before the benefits of any other policy. Thus, the benefits of a secondary policy of group insurance are determined after the benefits of a primary policy. Chapter 372, however, mandates that

2. Id. §§ 689B.030 (general requirements); 689B.033 (new-born children); 689B.034 (effect of benefits under other valid group coverage); 689B.035 (termination of coverage of dependent child); 689B.036 (benefits for treatment of alcohol or drug abuse); 689B.0375 (policy covering mastectomy must provide coverage for prosthetic devices and reconstructive surgery); 689B.260 (coverage relating to complications of pregnancy).
3. Id. § 689B.034.
5. Id.
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secondary benefits may not be reduced because of benefits under the primary policy.6

When more than one group insurance policy exists, Chapter 372 specifies that a policy is always primary if that policy does not coordinate7 with other policies.8 Chapter 372 further specifies that a policy covering an employee, group member, or insurance subscriber is the primary policy, whereas a policy covering a dependent of an employee, member, or subscriber is secondary.9 Under Chapter 372, however, a policy covering an employee or an employee’s dependent is the primary policy, but if an employee is laid off or retired, the policy is secondary.10 Under Chapter 372, when a child is covered as a dependent by separate policies of the parents, the primary policy is the policy of the parent whose birthday falls earlier in the year.11 However, if the parents have divorced or separated and one parent has been designated by court order as responsible for the child’s health care expenses, Chapter 372 deems the policy of that parent the primary policy.12 When no custody order exists, Chapter 372 sets forth the order of determining benefits as follows: (1) The custodial parent’s policy; (2) the policy of the spouse of the custodial parent; and (3) the policy of the noncustodial parent.13 Chapter 372 mandates that when a new group health insurance policy is issued as a replacement policy within sixty days of discontinuance of a previous group health insurance policy, the new policy must provide coverage for all persons previously covered.14 Chapter 372 also requires the new coverage to be at least as extensive as benefits under the previous policy.15

6. Id.
9. Id.
10. Id.
11. Id. (if both parents have the same birthday, the benefits of the policy which covered the parent the longer is the primary policy).
12. Id.
13. Id. (if these provisions are inconclusive in determining the order of benefits, the longer existing policy is the primary policy).
15. See supra note 14.