Insurance; adopted children

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Insurance

Insurance; adopted children

AB 457 (Wisdom); 1989 STAT. Ch. 359

Under existing law, a health insurance policy may jointly insure eligible family members including the husband, wife, and dependent children. Chapter 359 prohibits discrimination against adopted children in insurance policies by including them as eligible family members.

Under existing law family health insurance plans that provide benefits for newly born children must make the benefits payable as of the moment of birth. Existing law also requires that newly born children be covered for the cost of injury and sickness, including

1. See NEV. REV. STAT. § 689A.030 3 (1987) (amended by 1989 Nev. Stat. ch. 359, sec. 1, at 738). Generally a policy must insure only one person. Id. However, an adult member of a family, as policyholder, may apply for a policy insuring two or more eligible family members. Id. Eligible members include all persons dependent on the policyholder and any children under a specified age not exceeding 19 years. Id. Any other dependent of the policyholder is also an eligible member. Id. See also id. § 689A.045 (1987) (provides for termination of coverage of a child reaching a specified age unless the child remains dependent). The family may be insured from the policy's inception or by subsequent amendment. Id. § 689A.030 3 (1987) (amended by 1989 Nev. Stat. ch. 359, sec. 1, at 738). Dependent children are insured under such a policy as of the time of their birth. Id.


expenses related to special treatment of congenital defects. Chapter 359 requires that health insurance plans which cover families provide adopted children, and children placed for adoption, with the same coverage as is required for newly born children. Chapter 359 requires that benefits for adopted children are payable as of the date that the adoption becomes effective, or if the child is placed in the home before the adoption, then as of the date the placement is certified by the agency making the placement.

Finally, Chapter 359 requires that nonprofit corporations providing indemnity-type contracts, health maintenance organizations, and organizations for dental care plans reimburse noncontracted health care providers for services they render to a child covered under the plan. The reimbursement amount must be equal to the average amount the organization pays for covered services rendered by health care providers with whom it has agreements or contracts.

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6. Id. If the adoption proceedings for a placed child are terminated, as certified by the placement agency, the child's coverage ends. Id. Under existing law, the insurer may require notification by the insured of the birth of a child not later than 31 days after the birth. Nev. Rev. Stat. §§ 689A.043, 689B.033, 695B.193, 695C.173, 695D.210 (1987) (amended by 1989 Nev. Stat. ch. 359, secs. 2-6, at 739-42). Chapter 359 allows the insurer to require notification of the effective date of an adoption or the date a child is placed for adoption not later than 31 days after the adoption or placement. 1989 Nev. Stat. ch. 359, secs. 2-6, at 739-42 (amending Nev. Rev. Stat. §§ 689A.043, 689B.033, 695B.193, 695C.173, 695D.210).


8. Id.