

Public health plan has the meaning given the term under 45 CFR 146.113(a)(1)(ix).

Short-term limited duration insurance means health insurance coverage provided under a contract with an issuer that has an expiration date specified in the contract (taking into account any extensions that may be elected by the policyholder without the issuer's consent) that is within 12 months of the date the contract becomes effective.

Significant break in coverage has the meaning given the term in 45 CFR 146.113(b)(2)(iii).

Small employer means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 2 but not more than 50 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year, unless otherwise provided under State law.

Small group market means the health insurance market under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a small employer.

Special enrollment date has the meaning given the term in 45 CFR 146.117(d).

State means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

State health benefits risk pool has the meaning given the term under 45 CFR 146.113(a)(1)(vii).

Waiting period means the period that must pass before an employee or dependent is eligible to enroll under the terms of a group health plan. If an employee or dependent enrolls as a late enrollee or on a special enrollment date, any period before such late or special enrollment is not a waiting period. If an individual seeks and obtains coverage in the individual market, any period after the date the individual files a substantially complete application for coverage and before the first day of coverage is a waiting period.

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Subpart B [Reserved]

PART 145 [RESERVED]

PART 146—REQUIREMENTS FOR THE GROUP HEALTH INSURANCE MARKET

Subpart A—General Provisions

Sec.
146.101 Basis and scope.

Subpart B—Requirements Relating to Access and Renewability of Coverage, and Limitations on Preexisting Condition Exclusion Periods

- 146.111 Limitations on preexisting condition exclusion periods.
- 146.113 Rules relating to creditable coverage.
- 146.115 Certification and disclosure of previous coverage.
- 146.117 Special enrollment periods.
- 146.119 HMO affiliation period as alternative to preexisting condition exclusion.
- 146.121 Prohibiting discrimination against participants and beneficiaries based on a health status-related factor.
- 146.125 Effective dates.

Subpart C—Requirements Related to Benefits

- 146.130 Standards relating to benefits for mothers and newborns.
- 146.136 Parity in the application of certain limits to mental health benefits.

Subpart D—Preemption and Special Rules

- 146.143 Preemption; State flexibility; construction.
- 146.145 Special rules relating to group health plans.

Subpart E—Provisions Applicable to Only Health Insurance Issuers

- 146.150 Guaranteed availability of coverage for employers in the small group market.
- 146.152 Guaranteed renewability of coverage for employers in the group market.
- 146.160 Disclosure of information.

Subpart F—Exclusion of Plans and Enforcement

- 146.180 Treatment of non-Federal governmental plans.

AUTHORITY: Secs. 2701 through 2763, 2791, and 2792 of the PHS Act (42 U.S.C. 300gg through 300gg-63, 300gg-91, and 300gg-92).