

**Sunsets 7/1/2015**

**31A-29-103 Definitions.**

As used in this chapter:

- (1) "Board" means the board of directors of the pool created in Section 31A-29-104.
- (2)
  - (a) "Creditable coverage" has the same meaning as provided in Section 31A-1-301.
  - (b) "Creditable coverage" does not include a period of time in which there is a significant break in coverage, as defined in Section 31A-1-301.
- (3) "Domicile" means the place where an individual has a fixed and permanent home and principal establishment:
  - (a) to which the individual, if absent, intends to return; and
  - (b) in which the individual, and the individual's family voluntarily reside, not for a special or temporary purpose, but with the intention of making a permanent home.
- (4) "Enrollee" means an individual who has met the eligibility requirements of the pool and is covered by a pool policy under this chapter.
- (5) "Health benefit plan":
  - (a) is defined in Section 31A-1-301; and
  - (b) does not include a plan that:
    - (i)
      - (A) has a maximum actuarial value less than 100% of a health benefit plan described in Subsection (5)(c); or
      - (B) has a maximum annual limit of \$100,000 or less; and
    - (ii) meets other criteria established by the board.
  - (c) For purposes of Subsection (5)(b)(i)(A) the health benefit plan shall:
    - (i) be a federally qualified high deductible health plan;
    - (ii) have a deductible that has the lowest deductible that qualifies as a federally qualified high deductible health plan as adjusted by federal law; and
    - (iii) not exceed an annual out-of-pocket maximum equal to three times the amount of the deductible.
- (6) "Health care facility" means any entity providing health care services which is licensed under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.
- (7) "Health care insurance" is defined in Section 31A-1-301.
- (8) "Health care provider" has the same meaning as provided in Section 78B-3-403, with the exception of "licensed athletic trainer."
- (9) "Health care services" means:
  - (a) any service or product:
    - (i) used in furnishing to any individual medical care or hospitalization; or
    - (ii) incidental to furnishing medical care or hospitalization; and
  - (b) any other service or product furnished for the purpose of preventing, alleviating, curing, or healing human illness or injury.
- (10) "Health maintenance organization" has the same meaning as provided in Section 31A-8-101.
- (11) "Health plan" means any arrangement by which an individual, including a dependent or spouse, covered or making application to be covered under the pool has:
  - (a) access to hospital and medical benefits or reimbursement including group or individual insurance or subscriber contract;
  - (b) coverage through:
    - (i) a health maintenance organization;
    - (ii) a preferred provider prepayment;

- (iii) group practice;
  - (iv) individual practice plan; or
  - (v) health care insurance;
  - (c) coverage under an uninsured arrangement of group or group-type contracts including employer self-insured, cost-plus, or other benefits methodologies not involving insurance;
  - (d) coverage under a group type contract which is not available to the general public and can be obtained only because of connection with a particular organization or group; and
  - (e) coverage by Medicare or other governmental benefit.
- (12) "HIPAA" means the Health Insurance Portability and Accountability Act.
- (13) "HIPAA eligible" means an individual who is eligible under the provisions of the Health Insurance Portability and Accountability Act.
- (14) "Insurer" means:
- (a) an insurance company authorized to transact accident and health insurance business in this state;
  - (b) a health maintenance organization; or
  - (c) a self-insurer not subject to federal preemption.
- (15) "Medicaid" means coverage under Title XIX of the Social Security Act, 42 U.S.C. Sec. 1396 et seq., as amended.
- (16) "Medicare" means coverage under both Part A and B of Title XVIII of the Social Security Act, 42 U.S.C. Sec. 1395 et seq., as amended.
- (17) "Plan of operation" means the plan developed by the board in accordance with Section 31A-29-105 and includes the articles, bylaws, and operating rules adopted by the board under Section 31A-29-106.
- (18) "Pool" means the Utah Comprehensive Health Insurance Pool created in Section 31A-29-104.
- (19) "Pool fund" means the Comprehensive Health Insurance Pool Enterprise Fund created in Section 31A-29-120.
- (20) "Pool policy" means a health benefit plan policy issued under this chapter.
- (21) "Preexisting condition" has the same meaning as defined in Section 31A-1-301.
- (22)
- (a) "Resident" or "residency" means a person who is domiciled in this state.
  - (b) A resident retains residency if that resident leaves this state:
    - (i) to serve in the armed forces of the United States; or
    - (ii) for religious or educational purposes.
- (23) "Third party administrator" has the same meaning as provided in Section 31A-1-301.