

HEALTH INSURANCE

As the following charts show, most of NOLHGA's member guaranty associations offer three tiers of health benefits at or greater than the following: \$500,000 for basic hospital, medical, and surgical insurance or major medical insurance; \$300,000 for disability insurance and long-term-care insurance; and \$100,000 for other covered health policies. The balance of the states provide health benefits of at least \$300,000 for basic hospital, medical, and surgical insurance or major medical insurance as well as disability insurance and long-term-care insurance; and \$100,000 for other covered health policies. (Health Maintenance Organizations (HMOs) are not typically covered by guaranty associations.)

Policyholder Protection: Long-Term-Care & Disability Insurance Benefits*



* Some states may apply lower coverage benefits to Long-Term-Care (LTC) policies depending on the effective date of the state's statutory increase in LTC coverage benefits. If you have a question about the amount of LTC benefits for a particular insolvency case, please contact your state's guaranty association.

10. California's health insurance and long-term-care insurance benefit protection has increased from the January 1, 1991, statutory amount of \$200,000 based on changes in the health-care cost component of the Consumer Price Index to the date of the insolvency. As of January 1, 2016, the amount of benefit protection for health insurance and long-term-care insurance was \$533,182. Benefit protection for an insolvency occurring after January 1, 2016, could increase or decrease depending on changes in the health-care cost component of the Consumer Price Index.

11. New York provides coverage for health, disability, and long-term-care insurance only if it has been issued by a life insurance company. The \$500,000 benefit limit applies to individual health policies; group or blanket health insurance is covered up to the limits stated in the policy.

12. New Jersey sets no dollar cap on its medical coverage, covering claims up to the limits of the policy but limiting the benefit to 80% if the provider seeks coverage as opposed to the insured. New Jersey also applies other exclusions and limitations as stated in its statute.