

State of South Dakota

EIGHTY-SECOND SESSION
LEGISLATIVE ASSEMBLY, 2007

400N0264

HOUSE COMMERCE COMMITTEE ENGROSSED NO.

HB 1052 - 01/19/2007

Introduced by: The Committee on Commerce at the request of the Department of Revenue
and Regulation

1 FOR AN ACT ENTITLED, An Act to revise the requirements for coordination of benefits
2 between health plans.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:

4 Section 1. That § 58-18A-58 be amended to read as follows:

5 58-18A-58. For the purposes of this chapter, the term, plan, includes:

6 (1) Group and nongroup insurance contracts and subscriber contracts;

7 (2) Uninsured arrangements of group or group-type coverage;

8 (3) Group and nongroup coverage through closed panel plans;

9 (4) Group-type contracts;

10 (5) The medical care components of long-term care contracts, such as skilled nursing
11 care;

12 (6) The medical benefits coverage in automobile no fault and traditional automobile fault
13 type contracts; and

14 (7) Medicare or other governmental benefits, as permitted by law, except for ~~medicare~~
15 ~~supplement coverage~~ the medical assistance program. That part of the definition of



1 plan may be limited to the hospital, medical, and surgical benefits of the
2 governmental program.

3 Section 2. That § 58-18A-59 be amended to read as follows:

4 58-18A-59. For the purposes of this chapter, the term, plan, does not include:

- 5 (1) Hospital indemnity coverage benefits or other fixed indemnity coverage;
- 6 (2) Accident only coverage;
- 7 (3) Specified disease or specified accident coverage;
- 8 (4) Limited benefit health coverage;
- 9 (5) School accident-type coverages that cover students for accidents only, including
10 ~~example, personal care, adult day care, homemaker services, assistance with activities~~
11 ~~of daily living, respite care, and custodial care or for contracts that pay a fixed daily~~
12 ~~benefit without regard to expenses incurred or the receipt of services~~ athletic injuries,
13 either on a twenty-four-hour basis or on a to-and-from-school basis;
- 14 (6) Medicare supplement policies;
- 15 (7) A state plan under ~~medicaid~~ the medical assistance program; ~~or~~
- 16 (8) A governmental plan, which, by law, provides benefits that are in excess of those of
17 any private insurance plan or other nongovernmental plan; or
- 18 (9) Benefits provided in long-term care insurance policies for nonmedical services
19 including personal care, adult day care, homemaker services, assistance with
20 activities of daily living, respite care and custodial care, or for contracts that pay a
21 fixed daily benefit without regard to expenses incurred or the receipt of services.