**CHAPTER 20:06:55**

**MARKET REGULATIONS**

Section

20:06:55:01 Eligibility of children up to age 26.

20:06:55:02 Restrictions on plan definition of dependent.

20:06:55:03 Coverage of grandchildren not required.

20:06:55:04 Uniformity irrespective of age.

20:06:55:05 Individuals whose coverage ended by reason of reaching a dependent eligibility threshold -- Applicability.

20:06:55:06 Individuals whose coverage ended by reason of reaching a dependent eligibility threshold -- Opportunity to enroll required.

20:06:55:07 Individuals whose coverage ended by reason of reaching a dependent eligibility threshold -- Written notice.

20:06:55:08 Individuals whose coverage ended by reason of reaching a dependent eligibility threshold -- Effective date.

20:06:55:09 Individuals whose coverage ended by reason of reaching a dependent eligibility threshold -- Group health plan special enrollee.

20:06:55:10 Special rule for grandfathered group health plans.

20:06:55:11 Applicability.

20:06:55:12 Choice of primary care providers.

20:06:55:13 Emergency services.

20:06:55:14 Rescissions.

20:06:55:15 Group plans -- Lifetime limits.

20:06:55:16 Group plans -- Annual limits.

20:06:55:17 Group plans -- Eligibility.

20:06:55:18 Group plans -- Notices and enrollment.

20:06:55:19 Group plans -- Special enrollment.

20:06:55:20 Group plans -- Applicability.

20:06:55:21 Individual plans -- Lifetime limits.

20:06:55:22 Individual plans -- Annual limits.

20:06:55:23 Reinstatement of coverage.

20:06:55:24 Individual plans -- Applicability.

20:06:55:25 Repealed.

20:06:55:25.01 Individual plans -- No preexisting condition.

20:06:55:26 Group plans -- No preexisting condition.

20:06:55:27 Excepted benefits -- Defined.

20:06:55:28 Repealed.

20:06:55:29 Repealed.

20:06:55:30 Repealed.

20:06:55:31 Repealed.

20:06:55:32 Definitions.

20:06:55:33 Certifying qualified health plans.

20:06:55:34 Issuer standards and certification criteria.

20:06:55:35 Qualified health plan defined.

20:06:55:36 Exchange network adequacy standards.

20:06:55:37 Network adequacy standards.

20:06:55:38 Essential community providers defined.

20:06:55:39 Essential community providers.

20:06:55:40 Payment of federally-qualified health centers.

20:06:55:41 Treatment of direct primary care medical homes.

20:06:55:42 Recertification of qualified health plans.

20:06:55:43 Decertification of qualified health plan.

20:06:55:44 Non-renewal and decertification of qualified health plans.

20:06:55:45 Rates.

20:06:55:46 Health plan applications and notices.

20:06:55:47 Accreditation of qualified health plan issuers.

20:06:55:48 Repealed.

20:06:55:49 Annual open enrollment period.

20:06:55:50 Changing qualified health plans.

20:06:55:50.01 Loss of coverage.

20:06:55:50.02 Special enrollment period effective dates.

20:06:55:51 Compensation.

20:06:55:52 Plan offerings in the exchange.

20:06:55:53 Applicability and effective dates.

Appendix A Model Choice of Health Care Professional Notice Language.