

40-2122. Same; persons eligible for plan coverage; termination upon cessation of eligibility; notice of availability of coverage. (a) The following individuals shall be eligible for plan coverage provided they meet the criteria set forth in subsection (b):

- (1) Any person who has been a resident of this state for at least six months;
 - (2) any person who is a legal domiciliary of this state who previously was covered under the high risk pool of another state, provided they apply for coverage under the plan within 63 days of losing such other coverage for reasons other than fraud or nonpayment of premiums;
 - (3) any federally defined eligible individual who is a legal domiciliary of this state; or
 - (4) any federally defined eligible individual for FTAA.
- (b) Those individuals who are eligible for plan coverage under subsection (a) must provide evidence satisfactory to the administering carrier that such person meets one of the following criteria:
- (1) Such person has had health insurance coverage involuntarily terminated for any reason other than nonpayment of premium;
 - (2) such person has applied for health insurance and been rejected by two carriers because of health conditions;
 - (3) Such person is a child under the age of 19 years and has been unable to purchase or obtain coverage under an individual health insurance policy providing health insurance coverage, because such coverage is not available for sale in the county in which the child resides;
 - (4) such person has applied for health insurance and has been quoted a premium rate which is in excess of the plan rate;
 - (5) such person has been accepted for health insurance subject to a permanent exclusion of a preexisting disease or medical condition;
 - (6) such person is a federally defined eligible individual; or
 - (7) such person is a federally defined eligible individual for FTAA.
- (c) Each resident dependent of a person who is eligible for plan coverage shall also be eligible for plan coverage.
- (d) The following persons shall not be eligible for coverage under the plan:
- (1) Any person who is eligible for medicare or is eligible for medicaid benefits;
 - (2) any person who has had coverage under the plan terminated less than 12 months prior to the date of the current application, except that this provision shall not apply with respect to an applicant who is a federally defined eligible individual;
 - (3) any person who has received accumulated benefits from the plan equal to or in excess of the lifetime maximum benefits under the plan prescribed by K.S.A. 40-2124, and amendments thereto;
 - (4) any person having access to accident and health insurance through an employer-sponsored group or self-insured plan, including coverage under the consolidated omnibus budget reconciliation act (COBRA), except that the requirement for exhaustion of any available COBRA or state continuation is waived whenever such person:
 - (A) Is eligible for the credit for health care costs under section 35 of the internal revenue code of 1986; and
 - (B) has three months of prior creditable coverage as described in subsection (c) of K.S.A. 40-2124, and amendments thereto; or
 - (5) any person who is eligible for any other public or private program that provides or indemnifies for health services.
- (e) Any person who ceases to meet the eligibility requirements of this section may be terminated at the end of a policy period.
- (f) All plan members, insurers and insurance arrangements shall notify in writing persons denied health insurance coverage, for any reason, of the availability of coverage through the Kansas health insurance association.

History: L. 1992, ch. 209, § 6; L. 1995, ch. 129, § 1; L. 1997, ch. 190, § 10; L. 1998, ch. 174, § 4; L. 1999, ch. 30, § 1; L. 2004, ch. 159, § 9; L. 2011, ch. 111, § 6; June 2.