

**§ 148.220 Excepted benefits.**

The requirements of this part do not apply to individual health insurance coverage in relation to its provision of the benefits described in paragraphs (a) and (b) of this section (or any combination of the benefits).

(a) *Benefits excepted in all circumstances.* The following benefits are excepted in all circumstances:

- (1) Coverage only for accident (including accidental death and dismemberment).
- (2) Disability income insurance.
- (3) Liability insurance, including general liability insurance and automobile liability insurance.
- (4) Coverage issued as a supplement to liability insurance.
- (5) Workers' compensation or similar insurance.
- (6) Automobile medical payment insurance.
- (7) Credit-only insurance (for example, mortgage insurance).
- (8) Coverage for on-site medical clinics.

(b) *Other excepted benefits.* The requirements of this part do not apply to individual health insurance coverage described in paragraph (b)(1) through (b)(6) of this section if the benefits are provided under a separate policy, certificate, or contract of insurance. These benefits include the following:

- (1) Limited scope dental or vision benefits. These benefits are dental or vision benefits that are limited in scope to a narrow range or type of benefits that are generally excluded from benefit packages that combine hospital, medical, and surgical benefits.
- (2) Long-term care benefits. These benefits are benefits that are either—
  - (i) Subject to State long-term care insurance laws;
  - (ii) For qualified long-term care insurance services, as defined in section 7702B(c)(1) of the Code, or provided under a qualified long-term care insurance contract, as defined in section 7702B(b) of the Code; or
  - (iii) Based on cognitive impairment or a loss of functional capacity that is expected to be chronic.

(3) Coverage only for a specified disease or illness (for example, cancer policies), or hospital indemnity or other fixed indemnity insurance (for example, \$100/day) if the policies meet the requirements of 45 CFR 146.145(b)(4)(ii)(B) and (b)(4)(ii)(C) regarding noncoordination of benefits.

(4) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act, 42 U.S.C. 1395ss, also known as Medigap or MedSup insurance).

(5) Coverage supplemental to the coverage provided under Chapter 55,

Title 10 of the United States Code (also known as CHAMPUS supplemental programs).

(6) Similar supplemental coverage provided to coverage under a group health plan.

**Authority:** Secs. 2741 through 2763, 2791, and 2792 of the PHS Act, 42 U.S.C. 300gg-41 through 300gg-63, 300gg-91, and 300gg-91.

Dated: March 25, 1997.

**Bruce C. Vladeck,**

*Administrator, Health Care Financing Administration.*

Dated: March 25, 1997.

**Donna E. Shalala,**

*Secretary.*

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**DEPARTMENT OF THE TREASURY****Internal Revenue Service****26 CFR Part 54**

[TD 8716]

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**DEPARTMENT OF LABOR****Pension and Welfare Benefits Administration****29 CFR Part 2590**

RIN 1210-AA54

**Interim Rules for Health Insurance Portability for Group Health Plans**

**AGENCIES:** Internal Revenue Service, Department of the Treasury; Pension and Welfare Benefits Administration, Department of Labor.

**ACTION:** Interim rules: Correction.

**SUMMARY:** This document contains a correction regarding the preamble to the interim rules governing access, portability and renewability requirements for group health plans and issuers of health insurance coverage offered in connection with a group health plan that were published elsewhere in this issue of the **Federal Register**. A sentence in the preamble to the interim rules was inadvertently dropped. This document adds this sentence.

**EFFECTIVE DATE:** June 1, 1997.

**FOR FURTHER INFORMATION CONTACT:**

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Internal Revenue Service, at 202-622-4695. These are not toll-free numbers.

**SUPPLEMENTARY INFORMATION:** The last sentence of the first paragraph of the preamble to the interim rules entitled section "M. Paperwork Reduction Act—Department of Labor and Department of the Treasury" is inadvertently missing. This document adds this sentence to the preamble to the interim rules. The sentence reads "An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number assigned by the Office of Management and Budget".

Signed at Washington, DC, this 3rd day of April, 1997.

**Olena Berg,**

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Health Care Financing Administration****45 CFR Subtitle A**

[BPD-882-CN]

[BPD-890-CN]

**Interim Rules for Health Insurance Portability for Group Health Plans and Individual Market Health Insurance Reform: Portability from Group to Individual Coverage; and Federal Rules for Access in the Individual Market; State Alternative Mechanisms to Federal Rules**

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Interim rule; correction.

**SUMMARY:** **Federal Register** documents 97-8217 and 97-8275 in this issue include provisions that implement the health insurance portability, availability, and renewability provisions of the Health Insurance Portability and Accountability Act of 1996.

Those documents contain a technical error in amendments because of differing effective dates. The rule with the earlier effective date establishes a new part in a subchapter established by the rule with the later date. This document corrects that error.

**EFFECTIVE DATE:** This correction is effective on April 8, 1997.