

THE INSURANCE CODE OF 1956 (EXCERPT)
Act 218 of 1956

500.3406ii Prohibition on the limitation or exclusion of benefits based on preexisting condition; exceptions.

Sec. 3406ii.

(1) An insurer that delivers, issues for delivery, or renews in this state a health insurance policy shall not limit or exclude coverage for an individual by imposing a preexisting condition exclusion on the individual.

(2) This section does not apply to any of the following:

(a) Grandfathered health plan coverage, as that term is defined in 45 CFR 147.140.

(b) Insurance coverage that provides benefits for any of the following:

(i) Hospital confinement indemnity.

(ii) Disability income.

(iii) Accident only.

(iv) Long-term care.

(v) Medicare supplemental.

(vi) Limited benefit health.

(vii) Specified disease indemnity.

(viii) Sickness or bodily injury, or death by accident, or both.

(ix) Retiree-only health insurance coverage.

(x) Stand-alone dental plans.

(xi) Stand-alone vision plans.

(xii) Other limited benefit policies.

(3) As used in this section, "preexisting condition exclusion" means a limitation or exclusion of benefits or a denial of coverage based on the fact that a physical or mental condition was present before the effective date of coverage or before the date coverage is denied, whether or not any medical advice, diagnosis, care, or treatment was recommended or received for the condition before the date of coverage or denial of coverage.

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