

Sec. 38a-528-2. Definitions

As used in Sections 38a-528-1 to 38a-528-17, inclusive:

(a) “Long-term care policy” means any group health insurance policy or subscriber contract or certificate, or any amendment, endorsement or rider to any such policy or subscriber contract or certificate delivered or issued for delivery to any resident of this state which is designed to provide benefits on an expense-incurred, indemnity or prepaid basis for necessary care or treatment of an injury, illness or loss of functional capacity provided by a certified or licensed health care provider in a setting other than an acute care hospital, for at least one year after a reasonable elimination period. A long-term care policy or certificate shall provide benefits for confinement in a nursing home or confinement in the insured’s own home or both. Any additional benefits provided shall be related to long-term treatment of an injury, illness or loss of functional capacity. “Long-term care policy” shall not include any such policy, contract or certificate which is offered primarily to provide basic Medicare supplement coverage, basic medical-surgical expense coverage, hospital confinement indemnity coverage, major medical expense coverage, disability income protection coverage, accident only coverage, specified accident coverage or limited benefit health coverage.

(b) “Applicant” in the case of a group long-term care policy or subscriber contract means the proposed certificateholder.

(Effective September 30, 1994)