



Ohio Revised Code

Section 103.144 Mandated benefit defined.

Effective: September 29, 2013

Legislation: House Bill 59 - 130th General Assembly

As used in sections 103.144 to 103.146 of the Revised Code:

(A) "Mandated benefit" means the following, when considered in the context of a sickness and accident insurance policy or a health insuring corporation policy, contract, or agreement:

- (1) Any required coverage for a specific medical or health-related service, treatment, medication, or practice;
- (2) Any required coverage for the services of specific health care providers;
- (3) Any requirement that an insurer or health insuring corporation offer coverage to specific individuals or groups;
- (4) Any requirement that an insurer or health insuring corporation offer specific medical or health-related services, treatments, medications, or practices to existing insureds or enrollees;
- (5) Any required expansion of, or addition to, existing coverage;
- (6) Any mandated reimbursement amount to specific health care providers.

(B) "Mandated benefit" does not include any required coverage or offer of coverage, any required expansion of, or addition to, existing coverage, or any mandated reimbursement amount to specific providers, as described in division (A) of this section, within the context of any public health benefits arrangement, including but not limited to, the coverage of beneficiaries enrolled in medicare pursuant to a medicare risk contract or medicare cost contract, or to the coverage of beneficiaries enrolled in medicaid.



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