

IDAPA – IDAHO DEPARTMENT OF INSURANCE

Market Oversight

18.04.02 – Rule to Implement Uniform Coverage for Newborn and Newly Adopted Children

Who does this rule apply to?

This rule applies to health carriers providing coverage to newborn and newly adopted children.

What is the purpose of this rule?

The purpose of this rule sets forth uniform requirements for providing coverage to newborn and newly adopted children in accordance with Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023, and 41-4123, Idaho Code.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

- [Title 41, Chapter 2, et seq., Idaho Code](#) – The Department of Insurance

Who do I contact for more information on this rule?

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**18.04.02 – RULE TO IMPLEMENT UNIFORM COVERAGE FOR
NEWBORN AND NEWLY ADOPTED CHILDREN**

000. LEGAL AUTHORITY.

Title 41, Chapter 2, Idaho Code.

(7-1-21)T

001. TITLE AND SCOPE.

01. Title. IDAPA 18.04.02, “Rule to Implement Uniform Coverage for Newborn and Newly Adopted Children.” (7-1-21)T

02. Scope. This rule sets forth uniform requirements to be followed by health plans providing coverage to newborn and newly adopted children in accordance with Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023 and 41-4123, Idaho Code. (7-1-21)T

002. -- 009. (RESERVED)

010. DEFINITIONS.

As used in this chapter the following terms have the following meanings.

(7-1-21)T

01. Congenital Anomaly. A condition existing at or from birth that is a significant deviation from the common form or function of the body, impairing the function of the body, whether caused by a hereditary or developmental defect or disease. (7-1-21)T

02. Health Plan. Any type of benefit plan or contract of coverage subject to the requirements of Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023 or 41-4123, Idaho Code. (7-1-21)T

03. Health Plan Member. A person entitled to benefits as a member, subscriber or insured under a health plan and who, under the terms of the health plan contract, may add dependents for coverage under the health plan. (7-1-21)T

04. Newborn Child. (7-1-21)T

a. A child born to a health plan member and added to the health plan as a newborn dependent; or (7-1-21)T

b. An adopted newborn child placed with the adopting health plan member within sixty (60) days of birth and added to the adopting health plan member’s health plan as a newborn dependent. (7-1-21)T

05. Newly Adopted Child. A child under the age of eighteen (18) who is placed with the adopting health plan member more than sixty (60) days after the child’s birth and added to the adopting health plan member’s health plan as a dependent. (7-1-21)T

06. Placed. Physical placement in the care of the adopting health plan member. If physical placement is prevented due to the medical needs of the child, the date the adopting health plan member signs an agreement for adoption of the child and assumes financial responsibility for the child. (7-1-21)T

011. COVERAGE REQUIREMENTS.

01. Coverage of Newborn and Newly Adopted Children. A health plan subject to this chapter will provide coverage to: (7-1-21)T

a. A newborn child of a health plan member from the moment of birth; and (7-1-21)T

b. A newly adopted child of a health plan member from the date the child is placed with the adopting health plan member. (7-1-21)T

02. Coverage Requirements. Coverage of newborn and newly adopted children will be at least equivalent to the coverage afforded other health plan members under the health plan and include coverage for the medically necessary care and treatment of congenital anomalies. (7-1-21)T

03. Pre-Existing Conditions. A health plan cannot apply a pre-existing condition exclusion to a newborn or newly adopted child. (7-1-21)T

04. Cosmetic Surgery. A health plan will not exclude as cosmetic surgery reconstructive surgery for congenital anomalies. (7-1-21)T

05. Limitations on Coverage for Congenital Anomalies. A health plan may apply exclusions, requirements or benefit limitations, including cost sharing requirements, to coverage for congenital anomalies that are consistent with the requirements of this chapter and no more restrictive than exclusions, requirements or benefit limitations applied to coverage for similar treatments, conditions and services provided under the health plan. (7-1-21)T

012. NOTIFICATION AND PAYMENT REQUIREMENTS.

01. Notification and Payment. (7-1-21)T

a. If notice and payment of additional premium are needed for dependent coverage under the health plan contract, the contract may request notice of birth, placement or adoption and payment of associated premium as a condition of coverage for newborn and newly adopted children. The notification period cannot be less than sixty (60) days from the date of birth for a newborn child or, for newly adopted children, sixty (60) days from the earlier of the date of adoption or placement for adoption. The due date for payment of any additional premium, if requested, cannot be not less than thirty-one (31) days following receipt by the health plan member of a billing for the premium. (7-1-21)T

b. All requirements for notice and payment of premium applied by the health plan for the enrollment of newborn or newly adopted children are to be clearly set forth in the health plan contract and provided to the health plan members in a manner reasonably calculated to provide notice to the members of the requirements. (7-1-21)T

c. If the health plan member fails to provide the requested notification, or make the associated premium payment, the health plan may decline to enroll a dependent child as a newborn or newly adopted child, but will treat a newborn or newly adopted child no less favorably than it treats other applicants who seek coverage at a time other than when first eligible for coverage. (7-1-21)T

d. For self-funded health care plans subject to Title 41, Chapter 40 or 41, Idaho Code, any references to premium in this chapter should be recognized to be applying to contributions. (7-1-21)T

013. PORTABILITY.

The coverage provided by this chapter applies to any subsequent health plans providing coverage to the newborn or newly adopted child. If there is a break in coverage that exceeds sixty-three (63) days, the health plan may treat a congenital anomaly as a pre-existing condition and apply pre-existing condition exclusions as allowed under the applicable state and federal laws. (7-1-21)T

014. -- 999. (RESERVED)

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