



Dora

Department of Regulatory Agencies

Division of Insurance

Bulletin No. B-4.8

Concerning CoverColorado Standardized Notice Form For Health Insurers

I. Background and Purpose

This bulletin is designed to provide a notice of eligibility for CoverColorado contained in the Colorado Uninsurable Notice Act and composed of the elements prescribed by regulation. §10-8-521, C.R.S. requires that carriers provide a notice of eligibility for CoverColorado to applicants who were rejected or refused for coverage because of health or a medical condition, charged a premium rate which is higher than the rate available under CoverColorado or offered coverage with a reduction or exclusion of a pre-existing condition for more than six months or a HIPPA eligible.

Bulletins are the Division's interpretations of existing insurance law or general statements of Division policy. Bulletins themselves establish neither binding norms nor finally determine issues or rights.

II. Applicability and Scope

This bulletin is intended for all carriers offering health benefit plans in Colorado.

III. Division Position

Existing law requires all carriers authorized to conduct business in Colorado and offer health benefit plans to provide the attached CoverColorado Notice Form to individuals who are eligible for coverage under the CoverColorado as prescribed under §10-8-513, C.R.S.

This form is attached to this Bulletin as Exhibit A. Reproduction by insurers is authorized. Insurers may print the CoverColorado Plan Notice form on their own stationary but should use the order, format and content as specified.

IV. Additional Division Resources

For More Information

Colorado Division of Insurance

Rates & Form Section

1560 Broadway, Suite 850

Denver, CO 80202

Tel. 303-894-7499

Internet: <http://www.dora.state.co.us/insurance>

V. History

- Originally issued as Bulletin 13-01, December 7, 2001.
- Reissued April 1, 2002
- Reissued May 8, 2007
- Reissued July 31, 2009

EXHIBIT A
COVERCOLORADO PLAN NOTICE FORM

Name
Address
City, State Zip Code

RE: Applicant/Insured's Name
Policy # (if applicable)

The CoverColorado plan is available to Colorado residents. We believe that you may qualify for health insurance from CoverColorado for the reason(s) listed below:

1. You were rejected for coverage for health insurance because of the medical condition of the applicant; or
2. You have been accepted for insurance, but at a rate which is higher than the rate available through CoverColorado; or
3. Your coverage will be reduced by a restrictive rider or by the exclusion of coverage for a pre-existing condition for longer than six months; or
4. You had a health plan involuntarily terminated by a carrier in this state for any reason other than nonpayment of premium and is effective within the sixty-three (63) days after termination of such individual's prior coverage; or
5. You meet the definition of a federally eligible individual under §10-16-105.5, C.R.S and are not subject to the eligibility requirements of §10-8-513, C.R.S. A dependent of a federally eligible individual shall be eligible for coverage under CoverColorado if the dependent satisfies the definition of "dependent" under §10-16-102(14), C.R.S. A federally eligible individual means an individual:
 - a. Who has of the date on which the individual seeks coverage, the aggregate of periods of creditable coverage is eighteen months or more and the most recent prior creditable coverage was under a group health plan. As used in definition, "group health plan" means an employee welfare benefit plan as defined in 29 U.S.C. Sec. 1002(1) of the federal "Employee Retirement Income Security Act of 1974" to the extent that the plan provides health care services, including items and services paid for as health care services, to employees or their dependents directly or through insurance reimbursement or otherwise. A "Group Health plan" includes a government or church plan.
 - b. Who is not eligible for coverage under a group health benefit plan, Medicare, or Medicaid and does not have other health benefit plan coverage;
 - c. Whose most recent coverage was not terminated as a result of nonpayment of premium or fraud; and
 - d. Who did not turn down an offer of continuation coverage if it was offered and who subsequently exhausted such coverage.

Other eligibility requirements, exclusions and limitations may apply.

You may apply to CoverColorado for a determination of your eligibility for coverage and request an application packet or visit their website at www.covercolorado.org and apply online. A monthly premium will be charged for this coverage if your application is approved.

For more information regarding CoverColorado plan, please contact:

CoverColorado
425 S. Cherry Street #160
Glendale, CO 80246
303-863-1960
Website: www.covercolorado.org
Email: covercolorado@covercolorado.org

Insurer Name
Address
Contact Person
Telephone #