
(a) No sponsoring association may condition eligibility for coverage, including continuing eligibility for coverage, on any of the following health-status factors:

(1) Health status.
(2) Medical condition, including both physical and mental illness.
(3) Claims experience.
(4) Receipt of health care.
(5) Medical history.
(6) Genetic information.
(7) Evidence of insurability.
(8) Disability.

(b) An insurer or sponsoring association may make rating distinctions among its employer members based on factors other than health-status factors, such as industry, occupation, or geography, provided that the rating distinction is not directed at individual beneficiaries or based on a factor listed in subsection (a) of this section.

(c) No limitations shall be based on preexisting conditions.

(d) This section shall not be construed to require a sponsoring association or insurer to provide particular benefits other than those provided under the terms of the plan, or otherwise required by law, or to prevent the plan from establishing limitations or restrictions on the amount, level, extent, or nature of the benefits or coverage for similarly situated individuals enrolled in the plan. (2019-202, s. 1.)