

§ 58-68-35. Prohibiting discrimination against individual participants and beneficiaries based on health status.

- (a) In Eligibility To Enroll. –
 - (1) In general. – Subject to subdivision (2) of this subsection, a group health insurer shall not establish rules for eligibility, including continued eligibility, of any individual to enroll under the terms of the health insurer's plan based on any of the following health status-related factors in relation to the individual or a dependent of the individual:
 - a. Health status.
 - b. Medical condition (including both physical and mental illnesses).
 - c. Claims experience.
 - d. Receipt of health care.
 - e. Medical history.
 - f. Genetic information.
 - g. Evidence of insurability (including conditions arising out of acts of domestic violence).
 - h. Disability.
 - (2) No application to benefits or exclusions. – To the extent consistent with G.S. 58-68-30, subdivision (1) of this subsection shall not be construed:
 - a. To require a group health insurance plan to provide particular benefits other than those provided under the terms of the plan, or
 - b. 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.
 - (3) Construction. – For the purposes of subdivision (1) of this subsection, rules for eligibility to enroll under a plan include rules defining any applicable waiting periods for the enrollment.
- (b) In Premium Contributions. –
 - (1) In general. – A group health insurance plan shall not require any individual (as a condition of enrollment or continued enrollment under the plan) to pay a premium or contribution that is greater than the premium or contribution for a similarly situated individual enrolled in the plan on the basis of any health status-related factor in relation to the individual or to an individual enrolled under the plan as a dependent of individual.
 - (2) Construction. – Nothing in subdivision (1) of this subsection shall be construed:
 - a. To restrict the amount that an employer may be charged for coverage under a group health insurance plan; or
 - b. To prevent a group health insurer from establishing premium discounts or modifying otherwise applicable copayments or deductibles in return for adherence to programs of health promotion and disease prevention. (1997-259, s. 1(c).)