

AN ACT

To amend sections 101.34, 101.35, 101.352, 101.353, 101.84, 103.0521, 103.51, 103.60, 103.65, 103.71, 106.02, 106.031, 106.032, 106.04, 106.041, 107.03, 107.032, 107.033, 107.51, 107.63, 109.02, 109.11, 109.111, 109.112, 109.42, 109.572, 109.68, 109.803, 111.15, 113.41, 113.60, 117.103, 117.34, 117.46, 117.462, 117.463, 117.47, 117.473, 119.01, 119.06, 119.062, 119.07, 119.09, 119.092, 119.12, 120.04, 120.08, 120.34, 121.04, 121.08, 121.31, 121.37, 121.381, 121.49, 121.81, 121.811, 121.93, 122.07, 122.072, 122.16, 122.17, 122.171, 122.173, 122.1710, 122.19, 122.21, 122.23, 122.25, 122.27, 122.40, 122.407, 122.4017, 122.4019, 122.4020, 122.4023, 122.4030, 122.4031, 122.4034, 122.4037, 122.4040, 122.4041, 122.4045, 122.4050, 122.4071, 122.4076, 122.6511, 122.6512, 122.85, 123.20, 123.211, 124.136, 124.14, 124.15, 124.34, 124.387, 125.01, 125.035, 125.05, 125.071, 125.073, 125.09, 125.10, 125.11, 125.18, 125.182, 125.22, 125.901, 126.21, 126.25, 126.30, 126.46, 126.47, 126.62, 127.16, 131.02, 131.43, 131.44, 131.51, 131.56, 131.57, 131.58, 133.07, 145.01, 145.016, 145.017, 145.195, 145.201, 145.32, 145.33, 145.331, 145.332, 145.333, 145.35, 145.361, 145.38, 145.39, 145.41, 145.45, 145.46, 149.309, 149.43, 151.01, 151.40, 153.12, 153.17, 153.54, 164.02, 164.23, 164.24, 169.07, 173.03, 173.06, 173.21, 173.24, 173.39, 173.391, 173.51, 173.52, 173.521, 173.522, 173.54, 173.542, 173.544, 173.60, 183.19, 184.02, 184.20, 301.27, 307.86, 307.861, 307.87, 307.90,

arrangement to the state treasury to the credit of the ~~superintendent's examination department of insurance operating~~ fund pursuant to section ~~3901.071~~ 3901.021 of the Revised Code.

As used in this section, "expenses" has the same meaning as in section 3901.07 of the Revised Code.

Sec. 1751.14. (A) Notwithstanding section 3901.71 of the Revised Code, any policy, contract, or agreement for health care services authorized by this chapter that is issued, delivered, or renewed in this state and that provides that coverage of an unmarried dependent child will terminate upon attainment of the limiting age for dependent children specified in the policy, contract, or agreement, shall also provide in substance both of the following:

(1) Once an unmarried child has attained the limiting age for dependent children, as provided in the policy, contract, or agreement, upon the request of the subscriber, the health insuring corporation shall offer to cover the unmarried child until the child attains twenty-six years of age if all of the following are true:

(a) The child is the natural child, stepchild, or adopted child of the subscriber.

(b) The child is a resident of this state or a full-time student at an accredited public or private institution of higher education.

(c) The child is not employed by an employer that offers any health benefit plan under which the child is eligible for coverage.

(d) The child is not eligible for coverage under the medicaid program or the medicare program.

(2) That attainment of the limiting age for dependent children shall not operate to terminate the coverage of a dependent child if the child is and continues to be both of the following:

(a) Incapable of self-sustaining employment by reason of physical disability or intellectual disability;

(b) Primarily dependent upon the subscriber for support and maintenance.

(B) Proof of incapacity and dependence for purposes of division (A)(2) of this section shall be furnished to the health insuring corporation within thirty-one days of the child's attainment of the limiting age. Upon request, but not more frequently than annually, the health insuring corporation may require proof satisfactory to it of the continuance of such incapacity and dependency.

(C) Nothing in this section shall do any of the following:

(1) Require that any policy, contract, or agreement offer coverage for dependent children or provide coverage for an unmarried dependent child's

children as dependents on the policy, contract, or agreement;

(2) Require an employer to pay for any part of the premium for an unmarried dependent child that has attained the limiting age for dependents, as provided in the policy, contract, or agreement;

(3) Require an employer to offer health insurance coverage to the dependents of any employee.

~~(D) This (D)(1) Except as provided in division (D)(2) of this section, this section does not apply to any health insuring corporation policy, contract, or agreement offering only supplemental health care services or specialty health care services.~~

(2) This section applies to health insuring corporation policies, contracts, or agreements providing coverage of dental care or vision care services that are issued, renewed, or amended on or after January 1, 2024.

(E) As used in this section, "health benefit plan" has the same meaning as in section 3924.01 of the Revised Code and also includes both of the following:

(1) A public employee benefit plan;

(2) A health benefit plan as regulated under the "Employee Retirement Income Security Act of 1974," 29 U.S.C. 1001, et seq.

Sec. 1751.34. (A) Each health insuring corporation and each applicant for a certificate of authority under this chapter shall be subject to examination by the superintendent of insurance in accordance with section 3901.07 of the Revised Code. Section 3901.07 of the Revised Code shall govern every aspect of the examination, including the circumstances under and frequency with which it is conducted, the authority of the superintendent and any examiner or other person appointed by the superintendent, the liability for the assessment of expenses incurred in conducting the examination, and the remittance of the assessment to the ~~superintendent's examination~~ department of insurance operating fund.

(B) The superintendent shall make an examination concerning the matters subject to the superintendent's consideration in section 1751.04 of the Revised Code as often as the superintendent considers it necessary for the protection of the interests of the people of this state. The expenses of such examinations shall be assessed against the health insuring corporation being examined in the manner in which expenses of examinations are assessed against an insurance company under section 3901.07 of the Revised Code. Nothing in this division requires the superintendent to make an examination of any of the following:

(1) A health insuring corporation that covers solely medicaid recipients;

(2) A health insuring corporation that covers solely medicare