

1. MEDICARE OR OTHER GOVERNMENTAL PROGRAMS EXCEPT MEDICAID; OR

2. ANY STATE OR FEDERAL WORKERS' COMPENSATION, EMPLOYER'S LIABILITY, OR OCCUPATIONAL DISEASE LAW;

(VII) SERVICES PROVIDED BY A MEMBER OF THE COVERED PERSON'S IMMEDIATE FAMILY;

(VIII) SERVICES FOR WHICH NO CHARGE IS NORMALLY MADE IN THE ABSENCE OF INSURANCE.

(2) THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION MAY NOT BE CONSTRUED TO PROHIBIT:

(I) EXCLUSIONS AND LIMITATIONS BY TYPE OF PROVIDER; OR

(II) LIMITATIONS BY TERRITORY.

(F) (1) TERMINATION OF A LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE SHALL BE WITHOUT PREJUDICE TO ANY BENEFITS PAYABLE FOR INSTITUTIONALIZATION IF THAT INSTITUTIONALIZATION BEGAN WHILE THE LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE WAS IN FORCE AND CONTINUES WITHOUT INTERRUPTION AFTER TERMINATION.

(2) AN EXTENSION OF BENEFITS BEYOND THE PERIOD THE LONG-TERM CARE INSURANCE POLICY WAS IN FORCE MAY BE:

(I) LIMITED TO THE DURATION OF THE BENEFIT PERIOD, IF ANY, OR TO PAYMENT OF THE MAXIMUM BENEFITS; AND

(II) SUBJECT TO ANY POLICY WAITING PERIOD, AND ALL OTHER APPLICABLE PROVISIONS OF THE POLICY.

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The Commissioner may adopt regulations regarding long-term care insurance with respect to:

- (1) The form and content of disclosures;
- (2) The terms of renewals;
- (3) Initial and subsequent conditions of eligibility;
- (4) Nonduplication of coverage provisions;
- (5) Preexisting conditions;
- (6) Renewability of coverage;
- (7) Continuation and conversion;
- (8) Probationary periods, limitation of coverage provisions, and recurrent conditions;