

2. HOSPITAL INDEMNITY OR OTHER FIXED INDEMNITY INSURANCE; OR

(IV) THE FOLLOWING BENEFITS IF OFFERED AS A SEPARATE INSURANCE POLICY:

1. MEDICARE SUPPLEMENTAL HEALTH INSURANCE (AS DEFINED UNDER § 1882(G)(1) OF THE SOCIAL SECURITY ACT);

2. COVERAGE SUPPLEMENTAL TO THE COVERAGE PROVIDED UNDER CHAPTER 55 OF TITLE 10, UNITED STATES CODE; AND

3. SIMILAR SUPPLEMENTAL COVERAGE PROVIDED TO COVERAGE UNDER AN EMPLOYER SPONSORED PLAN.

(M) "HEALTH STATUS-RELATED FACTOR" MEANS A FACTOR RELATED TO:

- (1) HEALTH STATUS;
- (2) MEDICAL CONDITION;
- (3) CLAIMS EXPERIENCE;
- (4) RECEIPT OF HEALTH CARE;
- (5) MEDICAL HISTORY;
- (6) GENETIC INFORMATION;
- (7) EVIDENCE OF INSURABILITY INCLUDING CONDITIONS ARISING OUT OF ACTS OF DOMESTIC VIOLENCE; OR
- (8) DISABILITY.

(N) "HIGH LEVEL POLICY FORM" MEANS A POLICY OR PLAN UNDER WHICH THE ACTUARIAL VALUE OF THE BENEFIT UNDER THE COVERAGE IS:

- (1) AT LEAST 15% GREATER THAN THE ACTUARIAL VALUE OF THE LOW LEVEL POLICY FORM COVERAGE OFFERED BY THE CARRIER IN THIS STATE; AND
- (2) AT LEAST 100% BUT NOT GREATER THAN 120% OF THE WEIGHTED AVERAGE.

(O) (1) "INDIVIDUAL HEALTH BENEFIT PLAN" MEANS:

(+) (I) A HEALTH BENEFIT PLAN OTHER THAN A CONVERTED POLICY OR A PROFESSIONAL ASSOCIATION PLAN FOR ELIGIBLE INDIVIDUALS AND THEIR DEPENDENTS; AND

(+) (II) A CERTIFICATE ISSUED TO AN ELIGIBLE INDIVIDUAL THAT EVIDENCES COVERAGE UNDER A POLICY OR CONTRACT ISSUED TO A TRUST OR ASSOCIATION OR OTHER SIMILAR GROUP OF INDIVIDUALS, REGARDLESS OF THE SITUS OF DELIVERY OF THE POLICY OR CONTRACT, IF THE ELIGIBLE INDIVIDUAL