

(III) HEALTH MAINTENANCE ORGANIZATION SUBSCRIBER OR GROUP MASTER CONTRACT.

(2) "HEALTH BENEFIT PLAN" DOES NOT INCLUDE:

(I) ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

- INSURANCE;
- 1. COVERAGE ONLY FOR ACCIDENT OR DISABILITY INCOME
- INSURANCE;
- 2. COVERAGE ISSUED AS A SUPPLEMENT TO LIABILITY
- INSURANCE AND AUTOMOBILE LIABILITY INSURANCE;
- 3. LIABILITY INSURANCE, INCLUDING GENERAL LIABILITY
- INSURANCE AND AUTOMOBILE LIABILITY INSURANCE;
- 4. WORKERS' COMPENSATION OR SIMILAR INSURANCE;
- 5. AUTOMOBILE MEDICAL PAYMENT INSURANCE;
- 6. CREDIT-ONLY INSURANCE;
- 7. COVERAGE FOR ON-SITE MEDICAL CLINICS; AND
- 8. OTHER SIMILAR INSURANCE COVERAGE, SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191, UNDER WHICH BENEFITS FOR MEDICAL CARE ARE SECONDARY OR INCIDENTAL TO OTHER INSURANCE BENEFITS; ~~OR~~

(II) THE FOLLOWING BENEFITS IF THEY ARE PROVIDED UNDER A SEPARATE POLICY, CERTIFICATE, OR CONTRACT OF INSURANCE OR ARE OTHERWISE NOT AN INTEGRAL PART OF A PLAN:

- 1. LIMITED SCOPE DENTAL OR VISION BENEFITS;
- 2. BENEFITS FOR LONG-TERM CARE, NURSING HOME CARE, HOME HEALTH CARE, COMMUNITY-BASED CARE, OR ANY COMBINATION OF THESE BENEFITS; AND
- 3. SUCH OTHER SIMILAR, LIMITED BENEFITS AS ARE SPECIFIED IN FEDERAL REGULATIONS ISSUED PURSUANT TO P.L. 104-191;

(III) THE FOLLOWING BENEFITS IF OFFERED AS INDEPENDENT, NONCOORDINATED BENEFITS:

- 1. COVERAGE ONLY FOR A SPECIFIED DISEASE OR ILLNESS;
- AND
- 2. HOSPITAL INDEMNITY OR OTHER FIXED INDEMNITY
- INSURANCE; OR

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