

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 UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT;

(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:

- 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.

(K) "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.

(L) "LATE ENROLLEE" MEANS A MEMBER, SUBSCRIBER, OR DEPENDENT WHO ENROLLS IN A GROUP HEALTH BENEFIT PLAN OTHER THAN DURING:

- (1) THE FIRST PERIOD IN WHICH THE INDIVIDUAL IS ELIGIBLE TO ENROLL UNDER THE PLAN; OR
- (2) A SPECIAL ENROLLMENT PERIOD.