

191—82.7(505,513C,514E) Definitions. As used in this chapter, unless the context otherwise requires:

“*Benefit year*” means a period of time in which health benefits are to be provided, beginning on or after January 1 and ending December 31.

“*Eligible consumer*” means a consumer who meets the following criteria:

1. Is a resident of Iowa;
2. Is a citizen or national of the United States, or is considered an alien lawfully present;
3. Is not enrolled in Medicaid, Children’s Health Insurance Program (CHIP), or Medicare;
4. Does not receive minimum essential coverage; and
5. Is not incarcerated.

“*Eligible health carrier*” means any health insurer which the commissioner approves to offer the Iowa Stopgap Measure.

“*Household income*” means an amount equal to the sum of:

1. The 2017 modified adjusted gross income of the individual; and
2. The 2017 modified adjusted gross income of all individuals, including a spouse and dependents, who are on the same federal income tax filing, regardless of whether or not these individuals reside in the same household and whether or not coverage is being purchased for each of the individuals.

“*Iowa Comprehensive Health Association*” or “*HIPIOWA*” means the association established by Iowa Code section 514E.

“*Iowa Individual Health Benefit Reinsurance Association*” or “*IHBRA*” means the association established by Iowa Code section 513C.10.

“*Lawfully present*” has the meaning given in 45 CFR Section 155.20.

“*Minimum essential coverage*” has the meaning given in 26 U.S.C. Section 5000A(f). “Minimum essential coverage” also includes coverage offered by an employer that is affordable as defined in 26 U.S.C. Section 36B(c)(2)(C)(i) and meets the minimum value standards as defined in 26 U.S.C. Section 36B(c)(2)(C)(ii).

“*Standard plan*” means the group of individual health benefits developed and offered to all eligible consumers under the Iowa Stopgap Measure.

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