**Section 2014.30 Definitions**

"Accident and health insurance" has the meaning ascribed in Section 4, Class 1(b) and 2(a) of the Code.

"Code" means the Illinois Insurance Code [215 ILCS 5].

"Excepted benefits" has the meaning ascribed in the following federal regulations:

For individual health insurance coverage, 45 CFR 148.220 (May 14, 2020) (no later editions or amendments); and

For group health insurance coverage, 45 CFR 146.145(b) (Oct. 31, 2016) (no later editions or amendments).

"Health care plan" has the meaning ascribed in Section 1-2(7) of the Health Maintenance Organization Act [215 ILCS 125].

"Health insurance issuer" has the meaning ascribed in Section 5 of the Health Insurance Portability and Accountability Act [215 ILCS 97].

"Limited health care plan" has the meaning ascribed in Section 1002 of the Limited Health Service Organization Act [215 ILCS 130].

"Short-term, limited-duration health insurance coverage" has the meaning ascribed in Section 5 of the Short-Term, Limited-Duration Health Insurance Coverage Act [215 ILCS 190].

"Voluntary health services plan" has the meaning ascribed in Section 2 of the Voluntary Health Services Plans Act [215 ILCS 165].