

**TITLE 50: INSURANCE**  
**PART 5421 HEALTH MAINTENANCE ORGANIZATION**  
**CHAPTER I: DEPARTMENT OF INSURANCE**  
**SECTION 5421.110 REQUIREMENTS FOR GROUP CONTRACTS, EVIDENCES OF COVERAGE AND**

**Section 5421.110 Requirements for Group Contracts, Evidences of Coverage and Individual Contracts**

- i) Deductibles and Copayments. An HMO may require copayments of enrollees as a condition for the receipt of specific health care services. Deductibles and copayments shall be the only allowable charge, other than premiums, assessed enrollees. Copayments and deductibles shall be for specific dollar amounts or for specific percentages of the cost of the health care services. No combination of deductibles and copayments for basic health care services may exceed 50% of the usual and customary fee of the service to the HMO and must be waived when, in a contract year, deductibles and copayments paid for the receipt of basic health care services exceed \$3000 per enrollee or \$6000 per family. Deductibles and copayments applicable to supplemental health care services or pre-existing conditions are not subject to this annual limitation. Nothing within this subsection shall preclude the provider from charging reasonable administrative fees such as service fees for checks returned for non-sufficient funds and missed appointments.