

1 C, the provisions of section 2705 (other than subsections  
2 (a)(1), (a)(2), and (c)) of the Public Health Service Act  
3 shall apply to a qualified health benefits plan, regardless  
4 of whether it is offered in the individual or group market,  
5 in the same manner as such provisions apply to health  
6 insurance coverage offered in the large group market.

7 **SEC. 215. ENSURING ADEQUACY OF PROVIDER NETWORKS.**

8 (a) IN GENERAL.—A qualified health benefits plan  
9 that uses a provider network for items and services shall  
10 meet such standards respecting provider networks as the  
11 Commissioner may establish to assure the adequacy of  
12 such networks in ensuring enrollee access to such items  
13 and services and transparency in the cost-sharing differen-  
14 tials among providers participating in the network and  
15 policies for accessing out-of-network providers.

16 (b) INTERNET ACCESS TO INFORMATION.—A quali-  
17 fied health benefits plan that uses a provider network shall  
18 provide a current listing of all providers in its network  
19 on its Website and such data shall be available on the  
20 Health Insurance Exchange Website as a part of the basic  
21 information on that plan. The Commissioner shall also es-  
22 tablish an on-line system whereby an individual may select  
23 by name any medical provider (as defined by the Commis-  
24 sioner) and be informed of the plan or plans with which  
25 that provider is contracting.

1 (c) PROVIDER NETWORK DEFINED.—In this division,  
2 the term “provider network” means the providers with re-  
3 spect to which covered benefits, treatments, and services  
4 are available under a health benefits plan.

5 **SEC. 216. REQUIRING THE OPTION OF EXTENSION OF DE-**  
6 **PENDENT COVERAGE FOR UNINSURED**  
7 **YOUNG ADULTS.**

8 (a) IN GENERAL.—A qualified health benefits plan  
9 shall make available, at the option of the principal enrollee  
10 under the plan, coverage for one or more qualified children  
11 (as defined in subsection (b)) of the enrollee.

12 (b) QUALIFIED CHILD DEFINED.—In this section,  
13 the term “qualified child” means, with respect to a prin-  
14 cipal enrollee in a qualified health benefits plan, an indi-  
15 vidual who (but for age) would be treated as a dependent  
16 child of the enrollee under such plan and who—

17 (1) is under 27 years of age; and

18 (2) is not enrolled in a health benefits plan  
19 other than under this section.

20 (c) PREMIUMS.—Nothing in this section shall be con-  
21 strued as preventing a qualified health benefits plan from  
22 increasing the premiums otherwise required for coverage  
23 provided under this section consistent with standards es-  
24 tablished by the Commissioner based upon family size  
25 under section 213(a)(3).