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2.2 As required by N.R.S. 687B.700, in the event of the insolvency of the health carrier or any applicable intermediary, or in the event of any other cessation of operations of the health carrier or intermediary, the participating provider of health care must continue to deliver health care services covered by the network plan to a covered person without billing the covered person for any amount other than coinsurance, deductibles or copayments, as specifically provided in the evidence of coverage, until the earlier of:

1. The date of the cancellation of the covered person's coverage under the network plan pursuant to NRS 687B.310, including, without limitation, any extension of coverage provided pursuant to:
  - (a) The terms of the contract between the covered person and the health carrier;
  - (b) NRS 689A.04036, 689B.0303, 695B.1901, 695C.1691 and 695G.164, as applicable; or
  - (c) Any applicable federal law for covered persons who are in an active course of treatment or totally disabled; or
2. The date on which the contract between the health carrier and the provider of health care would have terminated if the health carrier or intermediary, as applicable, had remained in operation, including, without limitation, any extension of coverage provided pursuant to:
  - (a) The terms of the contract between the covered person and the health carrier;
  - (b) NRS 689A.04036, 689B.0303, 695B.1901, 695C.1691 and 695G.164, as applicable; or
  - (c) Any applicable federal law for covered persons who are in an active course of treatment or totally disabled.

2.3 As required by N.R.S. 687B.720, written notice must be provided to the participating provider of health care as soon as practicable in the event (1) that a court determined the health carrier or any applicable intermediary to be insolvent; or (2) of any other cessation of operations of the health carrier or any applicable intermediary.

2.4 As required by N.R.S. 687B.760, participating provider of health care must make health records available to