

The LHD/ERISA Advisor – June 2021 Edition

Hinshaw Newsletter | 2 min read

Jun 17, 2021

Hinshaw's *LHD/ERISA Advisor* remains committed to bringing you recent legal developments that may guide your life, health, and disability litigation strategy and claims decisions.

In this edition, we cover court decisions involving the Mental Health Parity Act and the Addiction Equity Act, the “substantial factor” causation analysis in an accidental death benefits claim, the statute of limitations defense in a Second Circuit ERISA health care benefits case, and the limitations of a bad faith claim based on counsel’s litigation strategies.

- **Citing Plan Ambiguity, Tenth Circuit Rules Becoming Disabled After Receiving Notice of Termination Did Not Preclude Employee From LTD Benefits**
 - In *Carlile v. Reliance Standard Life Ins. Co.*, the Tenth Circuit finds the term “active” full-time employee ambiguous and awarded disability benefits to an employee who became disabled after receiving notice of his termination but prior to his effective termination date.
- **Second Circuit Issues Statute of Limitations Ruling Favorable to Healthcare Plan Administrators**
 - In *Connecticut General Life Ins. Co. v. Biohealth Labs, Inc.*, the Second Circuit held that the limitations period for unjust enrichment, not fraud, applied to ERISA 503(a)(3) claims.
- **Sixth Circuit Upholds Denial of Accidental Death Benefits Under “Substantial Factor” Test**
 - In *Duncan v. Minnesota Life Ins. Co.*, the Sixth Circuit held that an insurer properly denied accidental death benefits on the grounds that a patient’s leukemia caused the fall that resulted in his death.
- **Health Plan May Not Exclude Specific Autism Treatments**
 - In *Doe v. United Behavioral Health*, a California federal court held that if an insurer elects to cover autism, it may not exclude specific treatments for the condition.
- **Court Blocks Plaintiff’s Attempt to Conduct Discovery Into Claim Review History of Medical Reviewer**
 - In *Adkins v. Life Insurance Company of North America*, a Washington district court blocked a plaintiff’s attempt to conduct discovery into the claim review history of an insurance company’s medical reviewer.
- **Insurer’s Likelihood to Deny Claim Does Not Excuse Claimant’s Obligation to Exhaust Administrative Remedies Prior to Filing Suit**

- In *Ruderman v. Liberty Mut. Grp., Inc.*, a New York district court held that just because an insurer might have been likely to deny a claim does not excuse a claimant's obligation to exhaust administrative remedies prior to filing suit.
- **Sparsely Pleaded Parity Act Lawsuit Survives Motion to Dismiss**
 - In *Nathan W. v. Anthem BlueCross BlueShield of Wisconsin*, a federal court held that conclusory allegations of discriminatory medical necessity criteria were sufficient to defeat a motion to dismiss a Mental Health Parity Act claim.

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