

Bill No. CS for CS for SB's 1286, 1134 & 1008

Amendment No.      Barcode 593600

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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Senator Posey moved the following amendment:

**Senate Amendment**

On page 38, line 8, through  
page 40, line 12, delete those lines

and insert:

(d)1. Upon offering coverage under a standard health benefit plan, a basic health benefit plan, or a flexible ~~limited~~ benefit policy or contract for any small employer, the small employer carrier shall disclose in writing to the employer ~~provide such employer group with a written statement that contains, at a minimum:~~

~~a. An explanation of those mandated benefits and providers that are not covered by the policy or contract;~~

a.b. ~~An outline of coverage~~ explanation of the managed care and cost control features of the policy or contract, along with all appropriate mailing addresses and telephone numbers to be used by insureds in seeking information or authorization. ~~and~~

b.c. ~~An explanation of~~ The primary and preventive care

1 features of the policy or contract.

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~~Such disclosure statement must be presented in a clear and~~

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~~policy or certificate or evidence of coverage provided to the  
employer group.~~

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~~health benefit plan, a basic health benefit plan, or a limited  
benefit policy or contract, it must obtain from the~~

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~~the prospective policyholder:~~

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~~a. Certifies as to eligibility for coverage under the~~

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~~limited benefit policy or contract;~~

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~~c.b. Acknowledges The limited nature of the coverage  
the \_\_\_\_\_ cost control~~

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~~features of the policy or contract\_ +~~

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~~regarding eligibility for coverage under a standard health  
benefit plan, a basic health benefit plan, or a limited~~

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~~misrepresentations forfeits coverage provided by the policy or  
contract; and~~

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~~d. If a \_\_\_\_\_ limited  
plan is requested, \_\_\_\_\_~~

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~~acknowledge in writing acknowledges that \_\_\_\_\_ the  
prospective policyholder had been offered, at the time of~~

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~~opportunity to purchase any health benefit plan offered by the  
carrier and that the prospective policyholder had rejected~~

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~~A copy of such written statement shall be provided to the prospective policyholder no later than at the time of delivery of the policy or contract, and the original of such written statement shall be retained in the files of the small employer carrier for the period of time that the policy or contract remains in effect or for 5 years, whichever period is longer.~~

~~3. Any material statement made by an applicant for coverage under a health benefit plan which falsely certifies as to the applicant's eligibility for coverage serves as the basis for terminating coverage under the policy or contract.~~

3.4. Each marketing communication that is intended to be used in the marketing of a health benefit plan in this state must be submitted for review by the department prior to use and must contain the disclosures stated in this subsection.

4. The contract, policy, and certificates evidencing coverage under a flexible benefit policy or contract and the application for coverage under such plans must state in not less than 10-point type on the first page in contrasting color the following: "The benefits provided by this health plan are limited and may not cover all of your medical needs. You should carefully review the benefits offered under this health plan."

5. A line item listing of specific health care services or benefits enumerated under state law which are not provided as a covered service or benefit, as specified in a form or statement adopted by the department by rule.