Amendment No. \_\_\_ (for drafter's use only)

_	CHAMBER ACTION
	Senate • House
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5	ORIGINAL STAMP BELOW
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11	Representative(s) Farkas offered the following:
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13	Amendment
14	On page 8, line 10, through page 12, line 6,
15	remove: all of said lines,
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17	and insert:
18	(d)1. Upon offering coverage under a standard health
19	benefit plan, a basic health benefit plan, or a <u>flexible</u>
20	limited benefit policy or contract for any small employer, the
21	small employer carrier shall <u>disclose</u> in writing to the
22	provide such employer group with a written statement that
23	contains, at a minimum:
24	a. An explanation of those mandated benefits and
25	providers that are not covered by the policy or contract;
26	a.b. An outline of coverage together explanation of
27	the managed care and cost control features of the policy or
28	contract, along with all appropriate mailing addresses and
29	telephone numbers to be used by insureds in seeking
30	information or authorization <u>.</u> ; and
31	b.c. An explanation of The primary and preventive care

features of the policy or contract. 1 2 3 Such disclosure statement must be presented in a clear and 4 understandable form and format and must be separate from the 5 policy or certificate or evidence of coverage provided to the 6 employer group. 7 2. Before a small employer carrier issues a standard 8 health benefit plan, a basic health benefit plan, or a limited benefit policy or contract, it must obtain from the 9 10 prospective policyholder a signed written statement in which 11 the prospective policyholder: 12 a. Certifies as to eligibility for coverage under the 13 standard health benefit plan, basic health benefit plan, or 14 limited benefit policy or contract; 15 c.b. Acknowledges The limited nature of the coverage and an understanding of the managed care and cost control 16 17 features of the policy or contract. d. A listing of specific health care services or 18 benefits enumerated in ss. 627.6574, 627.66121, 627.66122, 19 627.6616, 627.6618, 627.668, 627.66911, and 627.6699(12)(b)4., 20 not provided as a covered service or benefit. + 21 c. Acknowledges that if misrepresentations are made 22 23 regarding eligibility for coverage under a standard health 24 benefit plan, a basic health benefit plan, or a limited 25 benefit policy or contract, the person making such 26 misrepresentations forfeits coverage provided by the policy or 27 contract; and 2.d. If a flexible benefit policy or contract limited 28 29 plan is requested, the prospective policyholder must

acknowledge in writing acknowledges that he or she the prospective policyholder had been offered, at the time of

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application for the insurance policy or contract, the opportunity to purchase any health benefit plan offered by the carrier and that the prospective policyholder had rejected that coverage.

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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.

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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.

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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.

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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."

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(e) A small employer carrier may not use any policy, contract, form, or rate under this section, including applications, enrollment forms, policies, contracts, certificates, evidences of coverage, riders, amendments, endorsements, and disclosure forms, until the <u>carrier</u> insurer has filed it with the department and the department has approved it under ss. 627.410, and 627.411, and 641.31 and this section.

- (f) A flexible benefit policy or contract must have an annual maximum benefit of \$10,000 or greater and such benefit shall be disclosed in 10-point type in contrasting color.
- (g) A mandatory offer for catastrophic coverage shall be provided by the carriers to employers whenever a flexible benefit policy or contract is offered.
- (h) An insurer may not condition the payment of benefits offered under a flexible policy, in whole or in part, on the use of exclusive providers of an exclusive provider organization certified under s. 627.6472.
  - (15) APPLICABILITY OF OTHER STATE LAWS.--
- (a) Except as expressly provided in this section, a law requiring coverage for a specific health care service or benefit, or a law requiring reimbursement, utilization, or consideration of a specific category of licensed health care practitioner, does not apply to a standard or basic health benefit plan policy or contract or a <u>flexible limited</u> benefit policy or contract offered or delivered to a small employer unless that law is made expressly applicable to such policies or contracts. A law restricting or limiting deductibles, coinsurance, copayments, or annual or lifetime maximum payments does not apply to any health plan policy, including a standard or basic health benefit plan policy or contract or a flexible benefit policy or contract, offered or delivered to a small employer unless such law is made expressly applicable to such policy or contract. The provisions of s. 627.419(2), (3),

## and (4) apply to a flexible benefit policy or contract offered or delivered to a small employer.

- (b) Except as provided in this section, a standard or basic health benefit plan policy or contract or <a href="flexible">flexible</a>
  limited benefit policy or contract offered to a small employer is not subject to any provision of this code which:
- 1. Inhibits a small employer carrier from contracting with providers or groups of providers with respect to health care services or benefits;
- 2. Imposes any restriction on a small employer carrier's ability to negotiate with providers regarding the level or method of reimbursing care or services provided under a health benefit plan; or
- 3. Requires a small employer carrier to either include a specific provider or class of providers when contracting for health care services or benefits or to exclude any class of providers that is generally authorized by statute to provide such care.
- (c) Any second tier assessment paid by a carrier pursuant to paragraph (11)(j) may be credited against assessments levied against the carrier pursuant to s. 627.6494.
- (d) Notwithstanding chapter 641, a health maintenance organization is authorized to issue contracts providing benefits equal to the standard health benefit plan, the basic health benefit plan, and the  $\underline{\text{flexible}}$   $\underline{\text{limited}}$  benefit policy or contract