

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

	<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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ORIGINAL STAMP BELOW

11 Representative(s) Farkas offered the following:

13 **Amendment (with title amendment)**

14 On page 8, line 6, through page 10, line 20,  
15 remove: all of said lines

17 and insert:

18 4. The standard health benefit plan and any flexible  
19 benefit policy or contract shall include:

- 20 a. Coverage for inpatient hospitalization;
- 21 b. Coverage for outpatient services;
- 22 c. Coverage for newborn children pursuant to s.  
23 627.6575;
- 24 d. Coverage for child care supervision services  
25 pursuant to s. 627.6579;
- 26 e. Coverage for adopted children upon placement in the  
27 residence pursuant to s. 627.6578;
- 28 f. Coverage for mammograms pursuant to s. 627.6613;
- 29 g. Coverage for handicapped children pursuant to s.  
30 627.6615;
- 31 h. Emergency or urgent care out of the geographic

1 service area; and

2 i. Coverage for services provided by a hospice  
3 licensed under s. 400.602 in cases where such coverage would  
4 be the most appropriate and the most cost-effective method for  
5 treating a covered illness.

6 5. The standard health benefit plan and the basic  
7 health benefit plan may include a schedule of benefit  
8 limitations for specified services and procedures. If the  
9 committee develops such a schedule of benefits limitation for  
10 the standard health benefit plan or the basic health benefit  
11 plan, a small employer carrier offering the plan must offer  
12 the employer an option for increasing the benefit schedule  
13 amounts by 4 percent annually.

14 6. The basic health benefit plan shall include all of  
15 the benefits specified in subparagraph 4.; however, the basic  
16 health benefit plan shall place additional restrictions on the  
17 benefits and utilization and may also impose additional cost  
18 containment measures.

19 7. Sections 627.419(2), (3), and (4), 627.6574,  
20 627.6612, 627.66121, 627.66122, 627.6616, 627.6618, 627.668,  
21 and 627.66911 apply to the standard health benefit plan, to  
22 any flexible benefit policy or contract, and to the basic  
23 health benefit plan. However, notwithstanding said provisions,  
24 the plans may specify limits on the number of authorized  
25 treatments, if such limits are reasonable and do not  
26 discriminate against any type of provider.

27 8. Each small employer carrier that provides for  
28 inpatient and outpatient services by allopathic hospitals may  
29 provide as an option of the insured similar inpatient and  
30 outpatient services by hospitals accredited by the American  
31 Osteopathic Association when such services are available and

1 the osteopathic hospital agrees to provide the service.

2 (c) If a small employer rejects, in writing, the  
3 standard health benefit plan and the basic health benefit  
4 plan, the small employer carrier may offer the small employer  
5 a flexible ~~limited~~ benefit policy or contract.

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

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

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

19 b.c. An explanation of The primary and preventive care  
20 features of the policy or contract.

21  
22 ~~Such disclosure statement must be presented in a clear and~~  
23 ~~understandable form and format and must be separate from the~~  
24 ~~policy or certificate or evidence of coverage provided to the~~  
25 ~~employer group.~~

26 2. ~~Before a small employer carrier issues a standard~~  
27 ~~health benefit plan, a basic health benefit plan, or a limited~~  
28 ~~benefit policy or contract, it must obtain from the~~  
29 ~~prospective policyholder a signed written statement in which~~  
30 ~~the prospective policyholder:~~

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

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1 ~~standard health benefit plan, basic health benefit plan, or~~  
2 ~~limited benefit policy or contract;~~

3 c.b. ~~Acknowledges~~ The limited nature of the coverage  
4 and ~~an understanding of the managed care and cost control~~  
5 ~~features of the policy or contract.~~

6 c. ~~Acknowledges that if misrepresentations are made~~  
7 ~~regarding eligibility for coverage under a standard health~~  
8 ~~benefit plan, a basic health benefit plan, or a limited~~  
9 ~~benefit policy or contract, the person making such~~  
10 ~~misrepresentations forfeits coverage provided by the policy or~~  
11 ~~contract; and~~

12 2.d. If a flexible benefit policy or contract limited  
13 plan is requested, the prospective policyholder must  
14 acknowledge in writing acknowledges that he or she the  
15 ~~prospective policyholder~~ had been offered, at the time of  
16 application for the insurance policy or contract, the  
17 opportunity to purchase any health benefit plan offered by the  
18 carrier and that the prospective policyholder had rejected  
19 that coverage.

20  
21 ~~A copy of such written statement shall be provided to the~~  
22 ~~prospective policyholder no later than at the time of delivery~~  
23 ~~of the policy or contract, and the original of such written~~  
24 ~~statement shall be retained in the files of the small employer~~  
25 ~~carrier for the period of time that the policy or contract~~  
26 ~~remains in effect or for 5 years, whichever period is longer.~~

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

31 3.4. Each marketing communication that is intended to

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1 be used in the marketing of a health benefit plan in this  
2 state must be submitted for review by the department prior to  
3 use and must contain the disclosures stated in this  
4 subsection.  
5 4. The contract, policy, and certificates evidencing  
6 coverage under a flexible benefit policy or contract and the  
7 application for coverage under such plans must state in not  
8 less than 10-point type on the first page in contrasting color  
9 the following: "The benefits provided by this health plan are  
10 limited and may not cover all of your medical needs. You  
11 should carefully review the benefits offered under this health  
12 plan."  
13 (e) A small employer carrier may not use any policy,  
14 contract, form, or rate under this section, including  
15 applications, enrollment forms, policies, contracts,  
16 certificates, evidences of coverage, riders, amendments,  
17 endorsements, and disclosure forms, until the carrier insurer  
18 has filed it with the department and the department has  
19 approved it under ss. 627.410, and 627.411, and 641.31 and  
20 this section.  
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