

Amendment No. (for drafter's use only)

CHAMBER ACTION

Senate

House

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1 Representative Mahon offered the following:

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3 **Amendment (with title amendment)**

4 Remove lines 153-184 and insert:

5 Section 2. Paragraph (b) of subsection (3) and subsection  
6 (5) of section 408.909, Florida Statutes, are amended to read:

7 408.909 Health flex plans.--

8 (3) PROGRAM.--The agency and the office shall each approve  
9 or disapprove health flex plans that provide health care  
10 coverage for eligible participants. A health flex plan may limit  
11 or exclude benefits otherwise required by law for insurers  
12 offering coverage in this state, may cap the total amount of  
13 claims paid per year per enrollee, may limit the number of  
14 enrollees, or may take any combination of those actions. A

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15 health flex plan offering may include the option of a  
16 catastrophic plan supplementing the health flex plan.

17 (b) The office shall develop guidelines for the review of  
18 health flex plan applications and provide regulatory oversight  
19 of health flex plan advertisement and marketing procedures. The  
20 office shall disapprove or shall withdraw approval of plans  
21 that:

22 1. Contain any ambiguous, inconsistent, or misleading  
23 provisions or any exceptions or conditions that deceptively  
24 affect or limit the benefits purported to be assumed in the  
25 general coverage provided by the health flex plan;

26 2. Provide benefits that are unreasonable in relation to  
27 the premium charged or contain provisions that are unfair or  
28 inequitable or contrary to the public policy of this state, that  
29 encourage misrepresentation, or that result in unfair  
30 discrimination in sales practices; ~~or~~

31 3. Cannot demonstrate that the health flex plan is  
32 financially sound and that the applicant is able to underwrite  
33 or finance the health care coverage provided; or

34 4. Cannot demonstrate that the applicant and its  
35 management are in compliance with the standards required  
36 pursuant to s. 624.404(3).

37 (5) ELIGIBILITY.--Eligibility to enroll in an approved  
38 health flex plan is limited to residents of this state who:

39 (a) 1. Are 64 years of age or younger;

40 2. ~~(b)~~ Have a family income equal to or less than 300 ~~200~~  
41 percent of the federal poverty level;

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42 3.(e) Are eligible under a federally approved Medicaid  
43 demonstration waiver and reside in Palm Beach County or Miami-  
44 Dade County;

45 4.(d) Are not covered by a private insurance policy and  
46 are not eligible for coverage through a public health insurance  
47 program, such as Medicare or Medicaid, unless specifically  
48 authorized under subparagraph 3. paragraph (e), or another  
49 public health care program, such as KidCare, and have not been  
50 covered at any time during the past 6 months. However, the 6-  
51 month waiting period is waived for individuals who lose their  
52 Medicaid eligibility, provided all other eligibility  
53 requirements of this section are met; and

54 5.(e) Have applied for health care coverage through an  
55 approved health flex plan and have agreed to make any payments  
56 required for participation, including periodic payments or  
57 payments due at the time health care services are provided; or-

58 (b) Are employees of a business that:

- 59 1. Has 100 or fewer employees;
- 60 2. Offers a group health flex plan to its employees;
- 61 3. Pays a portion of the premium for the health flex plan  
62 on behalf of its employees;

63 4. Has not otherwise offered health insurance benefits in  
64 the previous 12 months; and

65 5. Has a workforce in which 75 percent of the employees  
66 meet all the eligibility criteria in paragraph (a).

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68 ===== T I T L E A M E N D M E N T =====

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HOUSE AMENDMENT

Bill No. HB 1503 CS

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69           Remove line 14 and insert:  
70 flex plans; revising eligibility criteria for residents of the  
71 state enrolling in an approved health flex plan; amending s.  
72 627.413, F.S.; authorizing

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