Florida Senate - 2008 Bill No. SB 448





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(a) To any individual who is 65 years of age or older and who resides in this state, upon the request of the individual during the 6-month period beginning with the first month in which the individual has attained 65 years of age and is enrolled in Medicare part B; or

22 (b) To any individual who is 65 years of age or older and 23 is enrolled in Medicare part B, who resides in this state, upon 24 the request of the individual during the 2-month period following 25 termination of coverage under a group health insurance policy; 26 or.

(c) To any individual who resides in this state, who is eligible for Medicare due to having end-stage renal disease, and who is enrolled in Medicare part B, upon the request of the individual within 6 months after becoming eligible for Medicare, or by January 1, 2009, whichever is later.

A Medicare supplement policy issued to an individual under paragraph (a) or paragraph (b) may not exclude benefits based on a preexisting condition if the individual has a continuous period of creditable coverage, as defined in s. 627.6561(5), of at least 6 months as of the date of application for coverage.

41 Delete line(s) 2-9

42 and insert:

32

38

An act relating to health insurance; providing a short
title; amending ss. 627.64171, 627.66121, and 641.31,
F.S.; including lymph node dissections under provisions
prescribing the length of hospital stay relating to a

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47 mastectomy and the outpatient postsurgical followup care that specified health insurers and health maintenance 48 organizations must cover; limiting application; amending 49 s. 627.6741, F.S.; requiring an insurer issuing Medicare 50 supplement policies to offer a Medicare supplement policy 51 52 without conditioning the issuance or discriminating in the 53 price based on health status to individuals who are 54 eligible for Medicare due to having end-stage renal 55 disease and who meet other conditions; providing an 56 effective date.