By the Committees on Health Regulation; and Banking and Insurance; and Senators Altman, Fasano, Detert, Rich, Hill, and Siplin

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A bill to be entitled

An act relating to Medicare; amending s. 627.6741, F.S.; requiring that insurers issuing Medicare supplement policies in this state offer the opportunity to enroll in a Medicare supplement policy to certain individuals having a disability or endstage renal disease; permitting insurers offering Medicare supplement policies to effect a one-time rate schedule change; authorizing insurers to propose a rate adjustment that considers the experience of policies or certificates for persons younger than 65 years of age; establishing credibility criteria for the rate adjustment; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (1) of section 627.6741, Florida Statutes, is amended to read:

627.6741 Issuance, cancellation, nonrenewal, and replacement.—

(1) (a) An insurer issuing Medicare supplement policies in this state shall offer the opportunity of enrolling in a Medicare supplement policy, without conditioning the issuance or effectiveness of the policy on, and without discriminating in the price of the policy based on, the medical or health status or receipt of health care by the individual:

<u>1.(a)</u> To any individual who is 65 years of age or older, or under age 65 and eligible for Medicare by reason of disability or end-stage renal disease, and who resides in this state, upon

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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 part B, or is eligible for Medicare by reason of a disability or endstage renal disease, and is enrolled in Medicare Part B; or

- 2.(b) To any individual who is 65 years of age or older, or under age 65 and eligible for Medicare by reason of a disability or end-stage renal disease, who and is enrolled in Medicare Part part B, and who resides in this state, upon the request of the individual during the 2-month period following termination of coverage under a group health insurance policy;
- (b) The 6-month period to enroll in a Medicare supplement policy for an individual who is under age 65 and eligible for Medicare as a result of a disability or end-stage renal disease and otherwise eligible under subparagraph (a)1. or subparagraph (a)2. and first enrolled in Medicare Part B before July 1, 2009, begins on July 1, 2009.
- (c) A company that has offered Medicare supplement policies to individuals under age 65 who are eligible for Medicare by reason of a disability or end-stage renal disease before July 1, 2009, may, one time only, effect a rate schedule change that redefines the age bands of the premium classes without activating the period of discontinuance required by s. 627.410(6)(e)2.
- (d) As a part of an insurer's first rate filing for a block of policy forms in 2012, an insurer may propose a rate adjustment that considers the experience of the policies or certificates for those individuals under age 65 separate from the balance of the block. For this one filing only, credibility

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of that experience shall be as follows: if a block of policy forms has 1,250 or more policies or certificates in force in the age band, including ages under age 65, full or 100 percent credibility shall be given to the experience. If fewer than 250 policies or certificates are in force, no or 0 percent credibility shall be given. Linear interpolation shall be used for in-force amounts between the low and high values. Florida-only experience shall be used if it is 100 percent credible. If Florida experience is not 100 percent credible, a combination of Florida and nationwide experience shall be used. If Florida

experience is zero percent credible, nationwide experience shall

be used.

A Medicare supplement policy issued to an individual under subparagraph (a)1. paragraph (a) or subparagraph (a)2. 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.

Section 2. This act shall take effect October 1, 2009.