

HB 675

2009

1 A bill to be entitled
2 An act relating to Medicare supplement policies; amending
3 s. 627.6741, F.S.; expanding eligibility to enroll in a
4 Medicare supplement policy to certain additional
5 individuals; expanding a prohibition against exclusions
6 based on preexisting conditions; providing an effective
7 date.

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

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

13 627.6741 Issuance, cancellation, nonrenewal, and
14 replacement.--

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

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

26 (b) To any individual who is 65 years of age or older and
27 is enrolled in Medicare part B, who resides in this state, upon
28 the request of the individual during the 2-month period

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29 following termination of coverage under a group health insurance
30 policy; or

31 (c) To any individual who resides in this state, is under
32 65 years of age, is eligible for Medicare due to having an end-
33 stage renal disease, and is enrolled in Medicare part B, upon
34 the request of the individual within 6 months after becoming
35 eligible for Medicare or by January, 2010, whichever is later.

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

43 Section 2. This act shall take effect July 1, 2009.