

1 A bill to be entitled
 2 An act relating to health insurance; amending s.
 3 627.410, F.S.; deleting provisions that exempt for a
 4 specified period certain nongrandfathered health plans
 5 from rate review or approval by the Office of
 6 Insurance Regulation; amending s. 627.411, F.S.;
 7 deleting provisions relating to grounds for
 8 disapproval of rates that do not apply to
 9 nongrandfathered health plans; providing an effective
 10 date.

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

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 14 Section 1. Subsection (9) of section 627.410, Florida
 15 Statutes, is amended to read:

16 627.410 Filing, approval of forms.—

17 ~~(9) For plan years 2014 and 2015, nongrandfathered health~~
 18 ~~plans for the individual or small group market are not subject~~
 19 ~~to rate review or approval by the office. An insurer or health~~
 20 ~~maintenance organization issuing or renewing such health plans~~
 21 ~~shall file rates and any change in rates with the office as~~
 22 ~~required by paragraph (6) (a), but the filing and rates are not~~
 23 ~~subject to subsection (2); paragraph (6) (b), paragraph (6) (c),~~
 24 ~~or paragraph (6) (d); or subsection (7).~~

25 ~~(a) For each individual and small group nongrandfathered~~
 26 ~~health plan, an insurer or health maintenance organization shall~~
 27 ~~include a notice describing or illustrating the estimated impact~~
 28 ~~of PPACA on monthly premiums with the delivery of the policy or~~

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29 ~~contract or, upon renewal, the premium renewal notice. The~~
30 ~~notice must be in a format established by rule of the~~
31 ~~commission. The format must specify how the information required~~
32 ~~under paragraph (b) is to be described or illustrated, and may~~
33 ~~allow for specified variations from such requirements in order~~
34 ~~to provide a more accurate and meaningful disclosure of the~~
35 ~~estimated impact of PPACA on monthly premiums, as determined by~~
36 ~~the commission. All notices shall be submitted to the office for~~
37 ~~informational purposes by September 1, 2013. The notice is~~
38 ~~required only for the first issuance or renewal of the policy or~~
39 ~~contract on or after January 1, 2014.~~

40 ~~(b) The information provided in the notice shall be based~~
41 ~~on the statewide average premium for the policy or contract for~~
42 ~~the bronze, silver, gold, or platinum level plan, whichever is~~
43 ~~applicable to the policy or contract, and provide an estimate of~~
44 ~~the following effects of PPACA requirements:~~

45 ~~1. The dollar amount of the premium which is attributable~~
46 ~~to the impact of guaranteed issuance of coverage. This estimate~~
47 ~~must include, but is not required to itemize, the impact of the~~
48 ~~requirement that rates be based on factors unrelated to health~~
49 ~~status, how the individual coverage mandate and subsidies~~
50 ~~provided in the health insurance exchange established in this~~
51 ~~state pursuant to PPACA affect the impact of guaranteed issuance~~
52 ~~of coverage, and estimated reinsurance credits.~~

53 ~~2. The dollar amount of the premium which is attributable~~
54 ~~to fees, taxes, and assessments.~~

55 ~~3. For individual policies or contracts, the dollar amount~~
56 ~~of the premium increase or decrease from the premium that would~~

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57 | ~~have otherwise been due which is attributable to the combined~~
58 | ~~impact of the requirement that rates for age be limited to a 3-~~
59 | ~~to-1 ratio and the prohibition against using gender as a rating~~
60 | ~~factor. This estimate must be displayed for the average rates~~
61 | ~~for male and female insureds, respectively, for the following~~
62 | ~~three age categories: age 21 years to 29 years, age 30 years to~~
63 | ~~54 years, and age 55 years to 64 years.~~

64 | ~~4. The dollar amount which is attributable to the~~
65 | ~~requirement that essential health benefits be provided and to~~
66 | ~~meet the required actuarial value for the product, as compared~~
67 | ~~to the statewide average premium for the policy or contract for~~
68 | ~~the plan issued by that insurer or organization that has the~~
69 | ~~highest enrollment in the individual or small group market on~~
70 | ~~July 1, 2013, whichever is applicable. The statewide average~~
71 | ~~premiums for the plan that has the highest enrollment must~~
72 | ~~include all policyholders, including those that have health~~
73 | ~~conditions that increase the standard premium.~~

74 | ~~(c) The office, in consultation with the department, shall~~
75 | ~~develop a summary of the estimated impact of PPACA on monthly~~
76 | ~~premiums as contained in the notices submitted by insurers and~~
77 | ~~health maintenance organizations, which must be available on the~~
78 | ~~respective websites of the office and department by October 1,~~
79 | ~~2013.~~

80 | ~~(d) This subsection is repealed on March 1, 2015.~~

81 | Section 2. Subsection (4) of section 627.411, Florida
82 | Statutes, is amended to read:

83 | 627.411 Grounds for disapproval.-

84 | ~~(4) The provisions of this section which apply to rates,~~

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85 | ~~rating practices, or the relationship of benefits to the premium~~
86 | ~~charged do not apply to nongrandfathered health plans described~~
87 | ~~in s. 627.410(9). This subsection is repealed on March 1, 2015.~~

88 | Section 3. This act shall take effect upon becoming a law.