



General Assembly

**Amendment**

February Session, 2004

LCO No. 2817

**\*HB0520202817SD0\***

Offered by:

SEN. PRAGUE, 19<sup>th</sup> Dist.

SEN. LOONEY, 11<sup>th</sup> Dist.

SEN. PETERS, 20<sup>th</sup> Dist.

SEN. CRISCO, 17<sup>th</sup> Dist.

SEN. CIOTTO, 9<sup>th</sup> Dist.

SEN. HANDLEY, 4<sup>th</sup> Dist.

To: Subst. House Bill No. 5202

File No. 275

Cal. No. 223

**"AN ACT CONCERNING THE EXTENSION OF GROUP HEALTH INSURANCE BENEFITS."**

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After the last section, add the following and renumber sections and internal references accordingly:

1 "Sec. 501. Section 38a-495c of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective October 1, 2004*):

3 (a) [Any] Each insurance company, fraternal benefit society, hospital  
4 service corporation, medical service corporation, health care center or  
5 [any] other entity in this state, on or after January 1, 1994, [which] that  
6 delivers, issues for delivery, continues or renews any Medicare  
7 supplement insurance policies or certificates shall base the premium  
8 rates charged on a community rate. Such rate shall not be based on  
9 age, gender, previous claims history or the medical condition of the  
10 person covered by such policy or certificate. Except as provided in  
11 subsection (c) of this section, coverage shall not be denied on the basis

12 of age, gender, previous claim history or the medical condition of the  
13 person covered by such policy or certificate, except for plans "H" to "J",  
14 inclusive, as provided in section 38a-495b. In plans "H" to "J", inclusive,  
15 previous claims history and the medical condition of the applicant may  
16 be used in determining rates and granting coverage under Medicare  
17 supplement policies and certificates.

18 (b) Nothing in this section shall prohibit an insurance company,  
19 fraternal benefit society, hospital service corporation, medical service  
20 corporation, health care center or any other entity in this state issuing  
21 Medicare supplement insurance policies or certificates from using its  
22 usual and customary underwriting procedures, provided no such  
23 company, society, corporation, center or other entity shall issue a  
24 Medicare supplement policy or certificate based on the age, gender,  
25 previous claims history or the medical condition of the applicant,  
26 except that the previous claims history and the medical condition of  
27 the applicant may be used in determining rates and granting coverage  
28 under Medicare supplement policies and certificates for plans "H" to  
29 "J", inclusive.

30 (c) Nothing in this section shall prohibit an insurance company,  
31 fraternal benefit society, hospital service corporation, medical service  
32 corporation, health care center or any other entity in this state when  
33 granting coverage under a Medicare supplement policy or certificate  
34 from excluding benefits for losses incurred within six months from the  
35 effective date of coverage based on a preexisting condition, in  
36 accordance with section 38a-495a and the regulations adopted  
37 pursuant to section 38a-495a.

38 (d) [Every] Each insurance company, fraternal benefit society,  
39 hospital service corporation, medical service corporation, health care  
40 center or other entity [in the state issuing Medicare supplement  
41 policies or certificates for plan "A", "B" or "C", or any combination  
42 thereof,] that issues a Medicare supplement policy or certificate in this  
43 state to persons eligible for Medicare by reason of age [.] shall offer for  
44 sale the same such policies or certificates to persons eligible for

45 Medicare by reason of disability.

46 (e) [Every] Each insurance company, fraternal benefit society,  
47 hospital service corporation, medical service corporation, health care  
48 center or other entity in the state issuing Medicare supplement policies  
49 or certificates shall make all necessary arrangements with the Medicare  
50 Part B carrier and all Medicare Part A intermediaries to allow for the  
51 forwarding, to the issuing entity, of all Medicare claims containing the  
52 name of the entity issuing a Medicare supplement policy or certificate  
53 and the identification number of an insured. The entity issuing the  
54 Medicare supplement policy or certificate shall process all benefits  
55 available to an insured from a Medicare claim so forwarded, without  
56 requiring any additional action on the part of the insured.

57 (f) The provisions of this section shall apply to all Medicare  
58 supplement policies or certificates issued on and after January 1, 1994.  
59 For Medicare supplement policies or certificates issued prior to  
60 January 1, 1994, the provisions of this section shall apply as of the first  
61 rating period commencing on or after January 1, 1994, but no later than  
62 January 1, 1995.

63 (g) The Insurance Commissioner [shall] may adopt [such]  
64 regulations, [as he deems necessary,] in accordance with chapter 54, to  
65 [carry out the purposes of] implement this section."