
OLR Bill Analysis**sSB 879*****AN ACT CONCERNING PRESCRIPTION EYE DROPS AND DEPENDENTS' DENTAL COVERAGE.*****SUMMARY:**

This bill requires a child's dental care benefits under certain individual or group health insurance policies to continue at least until the policy anniversary date on or after the date the child turns age 26. (Current law does not specify an age although in practice, most plans terminate dental coverage at age 19.) It requires these policies to cover stepchildren on the same basis as biological children.

The bill also sets conditions under which certain health insurance policies that provide prescription eye drop benefits must cover one additional bottle of drops. A policy must do this when (1) it is requested by the insured or the prescribing physician when the original prescription is filled and (2) the physician indicates on the original prescription that the insured needs an additional bottle for use in a day care setting or school. The bill limits coverage of the additional bottle to one every three months.

Current law requires these insurers to provide coverage for prescription eye drop renewals when (1) the refill is requested by the insured less than 30 days from either the (a) date the original prescription was given to the insured or (b) last date the prescription refill was given to the insured, whichever is later, and (2) the prescribing physician indicates on the original prescription that additional quantities are needed and the refill requested by the insured does not exceed this amount.

EFFECTIVE DATE: January 1, 2012

BILL'S APPLICABILITY

The bill's dental and eye drop provisions apply to individual and

group health insurance policies delivered, issued, renewed, amended, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan. Its dental care provision also applies to single service ancillary health coverage plans, including dental, vision, and prescription drug plans.

Due to federal law (ERISA), state insurance benefit mandates do not apply to self-insured benefit plans.

BACKGROUND

Extended Health Insurance Coverage For Children

Current law prohibits a child's medical benefits under an individual health insurance policy from ending before the policy anniversary date on or after the date the child (1) marries; (2) ends Connecticut residency, unless he or she is (a) under age 19 or (b) a full-time student at an accredited college; (3) gets coverage under his or her employer's group health plan; or (4) turns age 26.

Group comprehensive plans must extend eligibility to unmarried children under age 26 and offer continuation of coverage to the end of the month in which the child meets the criteria for losing coverage under an individual policy.

According to the Insurance Department, if dental, vision, or prescription drug coverage is combined with the medical benefits in a policy, the law also applies to those benefits. But, if such coverage is issued in a policy separate from the medical benefits, the law does not apply to those benefits.

COMMITTEE ACTION

Insurance and Real Estate Committee

Joint Favorable Substitute

Yea 11 Nay 7 (02/17/2011)