



General Assembly

Amendment

January Session, 2019

LCO No. 8414



Offered by:
SEN. SAMPSON, 16th Dist.

To: House Bill No. 5521

File No. 273

Cal. No. 378

**"AN ACT EXPANDING REQUIRED HEALTH INSURANCE
COVERAGE FOR PREEXISTING CONDITIONS."**

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective January 1, 2021*) (a) For the purposes of
4 this section:

5 (1) "Family coverage" has the same meaning as provided in Section
6 220 or Section 223 of the Internal Revenue Code;

7 (2) "Health carrier" has the same meaning as provided in section
8 38a-1080 of the general statutes;

9 (3) "High deductible health plan" has the same meaning as provided
10 in Section 220 or Section 223 of the Internal Revenue Code;

11 (4) "Internal Revenue Code" means the Internal Revenue Code of
12 1986, or any subsequent corresponding internal revenue code of the
13 United States, as amended from time to time;

14 (5) "Qualified high deductible health plan" means a high deductible
15 health plan (A) that imposes an annual deductible that is not less than
16 the minimum amount necessary for such plan to qualify as a high
17 deductible health plan, and (B) regardless of whether such plan (i) is
18 used to establish a medical savings account or an Archer MSA
19 pursuant to Section 220 of the Internal Revenue Code, or a health
20 savings account pursuant to Section 223 of the Internal Revenue Code,
21 or (ii) caps annual out-of-pocket expenses in the amount specified by
22 the Internal Revenue Service, or any successor agency, for high
23 deductible health plans; and

24 (6) "Self-only coverage" has the same meaning as that term is used
25 in Section 220 or Section 223 of the Internal Revenue Code.

26 (b) Notwithstanding any provision of the general statutes, each
27 health carrier that offers a high deductible health plan through the
28 Connecticut Health Insurance Exchange established under section 38a-
29 1081 of the general statutes for a plan year beginning on or after
30 January 1, 2021, shall offer at least one qualified high deductible health
31 plan through the exchange for the plan year, which qualified high
32 deductible health plan shall:

33 (1) Apply the annual deductible for such plan on a calendar year
34 basis, provided if coverage under such plan becomes effective at any
35 time other than January first, such annual deductible shall:

36 (A) Be prorated to reflect:

37 (i) The portion of the calendar year during which coverage under
38 such plan is effective; and

39 (ii) A deduction in an amount that is equal to the amount of all
40 payments that each individual covered under such plan paid during
41 any portion of the calendar year, other than the portion of the calendar
42 year described in subparagraph (A)(i) of this subdivision, toward the
43 deductible for another high deductible health plan, provided such
44 covered individual provides written evidence to the health carrier that

45 delivers, issues, renews, amends or continues such plan that is
46 sufficient to prove that such covered individual made such payments;
47 and

48 (B) Provide deductions for the cost of all covered benefits that are
49 provided to a covered individual under such plan and subject to such
50 deductible, regardless of the network status of the health care provider
51 that provided such benefits, in an amount that is equal to the lesser of
52 (i) the amount the covered individual paid for such benefits, or (ii) if
53 such benefits were provided out-of-network, the in-network amount
54 the covered individual would have paid for such benefits; and

55 (2) Not apply an increased annual deductible for such plan solely
56 because such plan provides family coverage and not self-only
57 coverage, and, if such plan provides family coverage, apply the same
58 deductible regardless of the size of the covered family.

59 (c) The provisions of subsection (b) of this section shall apply to the
60 maximum extent permitted by federal law, except if a qualified high
61 deductible health plan is used to establish a medical savings account or
62 an Archer MSA pursuant to Section 220 of the Internal Revenue Code
63 or a health savings account pursuant to Section 223 of the Internal
64 Revenue Code, the provisions of said subsection shall apply to the
65 maximum extent that does not disqualify such account for the
66 deductions allowed under said sections.

67 (d) The Insurance Commissioner may adopt regulations, in
68 accordance with the provisions of chapter 54 of the general statutes, to
69 implement the provisions of this section."

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2021	New section