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 following in lieu thereof:

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

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

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

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

(4) "Internal Revenue Code" means the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as amended from time to time;
(5) "Qualified high deductible health plan" means a high deductible health plan (A) that imposes an annual deductible that is not less than the minimum amount necessary for such plan to qualify as a high deductible health plan, and (B) regardless of whether such plan (i) is used to establish a medical savings account or an Archer MSA pursuant to Section 220 of the Internal Revenue Code, or a health savings account pursuant to Section 223 of the Internal Revenue Code, or (ii) caps annual out-of-pocket expenses in the amount specified by the Internal Revenue Service, or any successor agency, for high deductible health plans; and

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

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

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

(A) Be prorated to reflect:

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

(ii) A deduction in an amount that is equal to the amount of all payments that each individual covered under such plan paid during any portion of the calendar year, other than the portion of the calendar year described in subparagraph (A)(i) of this subdivision, toward the deductible for another high deductible health plan, provided such covered individual provides written evidence to the health carrier that
delivers, issues, renews, amends or continues such plan that is sufficient to prove that such covered individual made such payments; and

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

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

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

(d) The Insurance Commissioner may adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to 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 |