

LEGISLATIVE ACTION Senate House

Senator Gardiner moved the following:

Senate Amendment (with title amendment)

Between lines 3602 and 3603 insert:

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Section 68. Effective October 1, 2009, and applicable to all policies issued or renewed on or after that date, section 627.6562, Florida Statutes, is amended to read:

627.6562 Dependent coverage.-

(1) If an insurer offers coverage under a group, blanket, or franchise health insurance policy that insures dependent children of the policyholder or certificateholder, unless the group policyholder chooses otherwise, the policy must insure a dependent child of the policyholder or certificateholder at

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least until the end of the calendar year in which the child reaches the age of 25, if the child meets all of the following:

- (a) Is unmarried and the child is dependent upon the policyholder or certificateholder for support-; and
- (b) Is a resident of this state The child is living in the household of the policyholder or certificateholder, or the child is a full-time or part-time student.
- (2) A policy that is subject to the requirements of subsection (1) must also offer the policyholder or certificateholder the option to insure a child of the policyholder or certificateholder at least until the end of the calendar year in which the child reaches the age of 30, if the child:
- (a) Is unmarried and does not have a dependent of his or her own;
- (b) Is a resident of this state or a full-time or part-time student; and
- (c) Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is eligible for coverage as an employee under an employer sponsored health plan, or is not entitled to benefits under Title XVIII of the Social Security Act.
- (3) If, pursuant to subsection (2), a child is provided coverage under the parent's policy after the end of the calendar year in which the child reaches age 30 $\frac{25}{25}$ and coverage for the child is subsequently terminated, the child is not eligible to be covered under the parent's policy unless the child was continuously covered by other creditable coverage without a gap

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in coverage of more than 63 days. For the purposes of this subsection, the term "creditable coverage" has the same meaning as provided in s. 627.6561(5).

- (4) This section does not:
- (a) Affect or preempt an insurer's right to medically underwrite or charge the appropriate premium+ and carriers, including small employer carriers as defined in s. 627.6699(3)(w), are expressly authorized to charge actuarially sound, distinct rates which are separate from the rates for dependent coverage, for coverage of children of certificateholders covered under subsection (2);
- (b) Require coverage for services provided to a dependent before October 1, 2009 October 1, 2008;
- (c) Require an employer to pay all or part of the cost of coverage provided for a dependent under this section; or
- (d) Prohibit an insurer or health maintenance organization from increasing the limiting age for dependent coverage to age 30 in policies or contracts issued or renewed prior to the effective date of this act.
- (5)(a) Until April 1, 2009, the parent of a child who qualifies for coverage under subsection (2) but whose coverage as a dependent child under the parent's plan terminated under the terms of the plan before October 1, 2008, may make a written election to reinstate coverage, without proof of insurability, under that plan as a dependent child pursuant to this section. All other dependent children who qualify for coverage under subsection (2) are automatically covered at least until the end of the calendar year in which the child reaches age 30, unless the insured provides the group policyholder with written



evidence that the dependent child is married, is not a resident of this state, is covered under a separate comprehensive health insurance policy, is covered under a health benefit plan, or is entitled to benefits under Title XVIII of the Social Security Act.

- (b) The covered person's plan may require the payment of a premium by the covered person or dependent child, as appropriate, subject to the approval of the Office of Insurance Regulation, for any period of coverage relating to a dependent's written election for coverage pursuant to paragraph (a).
- (c) Notice regarding the reinstatement of coverage for a dependent child as provided under this subsection must be provided to a covered person in the certificate of coverage prepared for covered persons by the insurer or by the covered person's employer. Such notice may be given through the group policyholder.
- (6) This section and any cross-references to this section are only intended to apply for group major medical policies and are not intended to apply to conversion policies, policies offered under the Consolidated Omnibus Budget Reconciliation Act of 1985 or s. 627.6692, individual policies, out-of-state group policies written pursuant to s. 627.6515, or limited benefit or supplemental policies, including but not limited to dental, vision, does not apply to accident only, specified disease, disability income, Medicare supplement, or long-term care insurance policies, or other supplemental or limited benefit policies.

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101 ======== T I T L E A M E N D M E N T ========= And the title is amended as follows: 102 103 Delete line 297 104 105 and insert: 106 compendium"; amending s. 627.6562, F.S.; providing 107 criteria for health insurance eligibility for 108 dependent children; providing for exemptions; providing that all dependent children who qualify for 109 110 coverage are automatically covered at least until the 111 end of the calendar year in which the child reaches 112 age 30; providing exceptions; providing for 113 applicability; amending s. 651.105, F.S.; revising the