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State of Misconsin 2005 - 2006 **LEGISLATURE**

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SENATE AMENDMENT 2, TO 2005 SENATE BILL 650

March 9, 2006 - Offered by Senators Hansen, Robson, Miller, Carpenter and Coggs.

2	1. Page 1, line 5: delete "and".
3	2. Page 1, line 6: after "custodian" insert ", and increasing the limits for
4	insurance coverage of nervous or mental disorders or alcoholism or other drug abuse
5	problems".
6	3. Page 4, line 18: after that line insert:
7	"Section 7m. 632.89 (1) (am) of the statutes is created to read:
8	632.89 (1) (am) "Consumer price index" means the consumer price index for all
9	urban consumers, U.S. city average, as determined by the U.S. department of labor.
10	SECTION 8m. 632.89 (2) (b) 1. of the statutes is amended to read:
11	632.89 (2) (b) 1. Except as provided in subd. 2., if a group or blanket disability
12	insurance policy issued by an insurer provides coverage of inpatient hospital

treatment or outpatient treatment or both, the policy shall provide coverage in every

At the locations indicated, amend the bill as follows:

<u>a</u> policy year as provided in pars. (c) to (dm), as appropriate, except that the total coverage under the policy for a policy year need not exceed \$7,000 \$9,260 for a policy issued or renewed in 2007, \$11,520 for a policy issued or renewed in 2008, \$13,780 for a policy issued or renewed in 2009, \$16,040 for a policy issued or renewed in 2010, or \$18,300 for a policy issued or renewed in or after 2011, or the equivalent benefits measured in services rendered.

Section 9m. 632.89 (2) (b) 2. of the statutes is amended to read:

632.89 (2) (b) 2. The <u>An</u> amount under subd. 1. may be reduced if the policy is written in combination with major medical coverage to the extent that results in combined coverage complying with subd. 1.

SECTION 10m. 632.89 (2) (c) 2. (intro.) of the statutes is amended to read:

632.89 (2) (c) 2. (intro.) Except as provided in par. (b), a policy under subd. 1. shall provide coverage in every <u>a</u> policy year for not less than the lesser of the following:

Section 11m. 632.89 (2) (c) 2. b. of the statutes is amended to read:

632.89 (2) (c) 2. b. Seven thousand Nine thousand two hundred sixty dollars for a policy issued or renewed in 2007, \$11,520 for a policy issued or renewed in 2008, \$13,780 for a policy issued or renewed in 2009, \$16,040 for a policy issued or renewed in 2010, and \$18,300 for a policy issued or renewed in or after 2011, minus any applicable cost sharing at the level charged under the policy for inpatient hospital services or the equivalent benefits measured in services rendered or, if the policy does not use cost sharing, \$6,300 \$8,340 for a policy issued or renewed in 2007, \$10,380 for a policy issued or renewed in 2008, \$12,420 for a policy issued or renewed in 2009, \$14,460 for a policy issued or renewed in 2010, and \$16,500 for a policy issued or renewed in equivalent benefits measured in services rendered.

Section 12m. 632.89 (2) (d) 2. of the statutes is amended to read:

632.89 (2) (d) 2. Except as provided in par. (b), a policy under subd. 1. shall provide coverage in every a policy year for not less than \$2,000 \$2,220 for a policy issued or renewed in 2007, \$2,440 for a policy issued or renewed in 2008, \$2,660 for a policy issued or renewed in 2009, \$2,880 for a policy issued or renewed in 2010, and \$3,100 for a policy issued or renewed in or after 2011, minus any applicable cost sharing at the level charged under the policy for outpatient services or the equivalent benefits measured in services rendered or, if the policy does not use cost sharing, \$1,800 \$2,000 for a policy issued or renewed in 2007, \$2,200 for a policy issued or renewed in 2008, \$2,400 for a policy issued or renewed in 2009, \$2,600 for a policy issued or renewed in 2010, and \$2,800 for a policy issued or renewed in or after 2011 in equivalent benefits measured in services rendered.

Section 13m. 632.89 (2) (dm) 2. of the statutes is amended to read:

632.89 (2) (dm) 2. Except as provided in par. (b), a policy under subd. 1. shall provide coverage in every a policy year for not less than \$3,000 \$3,340 for a policy issued or renewed in 2007, \$3,680 for a policy issued or renewed in 2008, \$4,020 for a policy issued or renewed in 2009, \$4,360 for a policy issued or renewed in 2010, and \$4,700 for a policy issued or renewed in or after 2011, minus any applicable cost sharing at the level charged under the policy for transitional treatment arrangements or the equivalent benefits measured in services rendered or, if the policy does not use cost sharing, \$2,700 \$3,000 for a policy issued or renewed in 2007, \$3,300 for a policy issued or renewed in 2008, \$3,600 for a policy issued or renewed in 2009, \$3,900 for a policy issued or renewed in 2010, and \$4,200 for a policy issued or renewed in 2011 in equivalent benefits measured in services rendered.

Section 14m. 632.89 (2) (f) of the statutes is created to read:

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632.89 (2) (f) Report on coverage limits. Beginning in 2007, the department of health and family services shall report annually to the governor and the legislature on revising the coverage limits specified in this subsection based on the change in the consumer price index for medical costs.".

5 (END)