SENATE AMENDMENT 27,

TO 2005 ASSEMBLY BILL 100

June 29, 2005 − Offered by Senators HANSEN, MILLER, ROBSON, RISSER, BRESKE, CARPENTER, WIRCH, PLALE and COGGS.

At the locations indicated, amend the engrossed bill as follows:

1. Page 908, line 18: after that line insert:

"**SECTION 2430c.** 632.89 (1) (am) of the statutes is created to read:

632.89 **(1)** (am) "Consumer price index" means the consumer price index for all urban consumers, U.S. city average, as determined by the U.S. department of labor.

SECTION 2430e. 632.89 (2) (b) 1. of the statutes is amended to read:

632.89 **(2)** (b) 1. Except as provided in subd. 2., if a group or blanket disability insurance policy issued by an insurer provides coverage of inpatient hospital treatment or outpatient treatment or both, the policy shall provide coverage in every 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~~ $18,300 or the equivalent benefits measured in services rendered.

SECTION 2430g. 632.89 (2) (c) 2. b. of the statutes is amended to read:

632.89 **(2)** (c) 2. b. ~~Seven thousand~~ Eighteen thousand three hundred dollars 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~~ $16,500 in equivalent benefits measured in services rendered.

Section 2430i. 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 policy year for not less than ~~$2,000~~ $3,100 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~~ $2,800 in equivalent benefits measured in services rendered.

Section 2430k. 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 policy year for not less than ~~$3,000~~ $4,700 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~~ $4,200 in equivalent benefits measured in services rendered.

Section 2430m. 632.89 (2) (f) of the statutes is created to read:

632.89 **(2)** (f) *Report on coverage limits.* 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.”.

2. Page 1033, line 15: after that line insert:

"(1m) GROUP INSURANCE LIMITS. The treatment of section 632.89 (1) (am) and (2) (b) 1., (c) 2. b., (d) 2., (dm) 2., and (f) of the statutes first applies to a policy issued, renewed, or modified on the first day of the 13th month beginning after publication.".

(END)