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ASSEMBLY AMENDMENT 3, TO 2009 ASSEMBLY BILL 100

April 14, 2009 – Offered by Representative Nygren.

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- Page 1, line 4: after "renewal," insert "closing a block of health insurance
 business.".
 - **2.** Page 3, line 24: delete the material beginning with that line and ending with page 4, line 4, and substitute:
 - "a. Provide access to any available lower cost benefit plan with reduced benefits or a higher deductible or both, without subjecting the individual covered under the individual health benefit plan to additional underwriting.
 - b. Provide coverage to the insured individual under a different individual health benefit plan offered by the insurer, subject to additional underwriting.".
 - **3.** Page 4, line 4: after that line insert:
- **SECTION 5m.** 632.7495 (5) of the statutes is created to read:
- 13 632.7495 **(5)** (a) In this subsection:

- 1. "Block of business" means a health benefit plan that includes distinct benefits, services, and terms issued by an insurer to one or more individuals.
- 2. "Closed block of business" means a block of business that the insurer ceases to actively sell to new applicants.
- 3. "Health benefit plan" means an individual expense-incurred hospital, medical, surgical, or dental policy, nonprofit health care corporation certificate, or health maintenance organization contract. "Health benefit plan" does not include accident-only, credit, or disability income insurance; long-term care insurance; coverage issued as a supplement to liability insurance; coverage only for a specified disease or illness; worker's compensation insurance; or automobile medical payments insurance.
- (b) An insurer must pool a block of business after it has been closed for 5 years with all other blocks of business that have been closed for at least 5 years for the purpose of determining the percentage premium rate increase of any health benefit plan within the closed block of business.".

16 (END)