

**SENATE
STATE OF MINNESOTA
EIGHTY-EIGHTH SESSION**

S.F. No. 2583

(SENATE AUTHORS: JENSEN and Gazelka)

| DATE | D-PG | OFFICIAL STATUS |
|------------|------|--|
| 03/12/2014 | 6163 | Introduction and first reading Referred to Commerce |

A bill for an act

relating to insurance; health plan contracts and stop loss coverage; amending
Minnesota Statutes 2012, section 60A.235, subdivision 3.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. Minnesota Statutes 2012, section 60A.235, subdivision 3, is amended to read:

Subd. 3. **Health plan policies issued as stop loss coverage.** (a) An insurance company or health carrier issuing or renewing an insurance policy or other evidence of coverage, that provides coverage to an employer for health care expenses incurred under an employer-sponsored plan provided to the employer's employees, retired employees, or their dependents, shall issue the policy or evidence of coverage as a health plan if the policy or evidence of coverage:

(1) has a specific attachment point for claims incurred per individual that is ~~lower than \$20,000; or~~ less than the greater of \$6,500 or twice the individual maximum out-of-pocket expense in the plan;

(2) ~~has an aggregate attachment point, for groups of 50 or fewer, that is lower than the greater of:~~

(i) ~~\$4,000 times the number of group members;~~

(ii) ~~120 percent of expected claims; or~~

(iii) ~~\$20,000; or~~

(3) ~~has a specific attachment point and an aggregate attachment point for groups of 51 or more that is lower than 110 percent of expected claims; or~~

(3) is underwritten using individual health applications.

(b) An insurer shall determine the number of persons in a group, for the purposes of this section, on a consistent basis, at least annually. Where the insurance policy or

evidence of coverage applies to a contract period of more than one year, the dollar amounts set forth in paragraph (a), ~~clauses~~ clause (1) ~~and (2)~~, must be multiplied by the length of the contract period expressed in years.

~~(e) The commissioner may adjust the constant dollar amounts provided in paragraph (a), clauses (1), (2), and (3), on January 1 of any year, based upon changes in the medical component of the Consumer Price Index (CPI). Adjustments must be in increments of \$100 and must not be made unless at least that amount of adjustment is required. The commissioner shall publish any change in these dollar amounts at least six months before their effective date.~~

~~(d)~~ (c) A policy or evidence of coverage issued by an insurance company or health carrier that provides direct coverage of health care expenses of an individual, including a policy or evidence of coverage administered on a group basis, is a health plan regardless of whether the policy or evidence of coverage is denominated as stop loss coverage.

EFFECTIVE DATE. This section is effective August 1, 2014, and applies to coverage offered, sold, issued, or renewed on or after that date.