# Bill as Introduced

# HB 263-FN – AS INTRODUCED

2007 SESSION

07-0148
01/03

HOUSE BILL ***263-FN***

AN ACT relative to health insurance riders.

SPONSORS: Rep. Hunt, Ches 7

COMMITTEE: Commerce

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ANALYSIS

This bill authorizes insurers to place health insurance riders on individual policies if certain conditions are met.

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Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

HB 263-FN – AS INTRODUCED

07-0148
01/03

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Seven*

AN ACT relative to health insurance riders.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

1 Medical Underwriting; Individual Policies. Amend RSA 420-G:5, I to read as follows:

I. Health carriers providing health coverage for individuals may perform medical underwriting, including the use of health statements or screenings or the use of prior claims history, to the extent necessary to establish or modify premium rates as provided in RSA 420-G:4. Small group carriers shall use the standard reinsurance underwriting form for their reinsurance ceding decisions to the New Hampshire small employer health reinsurance pool, established in RSA 420-K:2, after premium prices have been agreed upon by the carrier and the small employer. ***Health carriers providing health coverage for individuals may issue policies containing riders or endorsements that exclude coverage for a specified condition that existed prior to the issuance of coverage and complications that arise from the specified condition if all of the following standards are met:***

***(a) The coverage exclusion shall be for a specific medical condition and complications arising from the condition.***

***(b) The coverage exclusion shall not apply to any other medical condition not related directly to the specific medical condition being excluded.***

***(c) The health carrier shall provide to the applicant before issuance of the policy a written notice explaining the coverage exclusion for the specified condition and complications arising from the condition.***

***(d) The health carrier's offer of coverage and policy shall clearly indicate in bold print as a separate section of the policy or on a separate form that the applicant is being offered coverage with a coverage exclusion and specifying the excluded medical condition and related complications that will be considered as arising from the excluded condition.***

***(e) The health carrier's offer of coverage and policy shall not include riders or endorsements that exclude coverage for more than 2 specified conditions.***

***(f) The health carrier shall notify the applicant that it will review the underwriting basis for the coverage exclusion upon request one time per year, and remove the coverage exclusion, no later than the next policy renewal date, if the health carrier determines that evidence of insurability is satisfactory.***

*(g) The health carrier shall notify the applicant in writing that the applicant may decline the offer of coverage with a coverage exclusion and obtain coverage through the New Hampshire health insurance high risk pool, under RSA 404-G.*

*(h) The coverage exclusion period shall be concurrent with any other applicable preexisting condition limitation or exclusion period.*

*(i) The health carrier shall provide to covered persons who may be subject to coverage exclusions a means by which coverage for specific services can be verified in advance.*

*(j) Riders or endorsements containing coverage exclusions shall not apply to services, benefits, or options required by state or federal law to be included in the coverage.*

*(k) Any rider or endorsement used to reduce or deny payment for coverage otherwise included in the policy, shall include the name or specific description of the sickness or physical condition that is to be reduced or denied.*

2 Medical Underwriting; Individual Policies. Amend RSA 420-G:5, IV to read as follows:

IV. ***Except as provided in RSA 420-G:5, I,*** health carriers shall not offer riders or endorsements to exclude certain illnesses or health conditions in order to avoid the purpose of this chapter.

3 High Risk Pool Eligibility. Amend RSA 404-G:5-e, I(f) to read as follows:

(f) The individual has received an offer of coverage from a carrier of individual health insurance that contains a rider or endorsement excluding coverage for a specified condition pursuant to RSA 420-G:5, [~~H~~] *I*.

4 Applicability. Any policies containing riders issued after January 1, 2004 shall continue to be in effect.

5 Effective Date. This act shall take effect 60 days after its passage.

LBAO
07-0148
1/9/07

## HB 263-FN - FISCAL NOTE

AN ACT relative to health insurance riders.

**FISCAL IMPACT:**

The Insurance Department has determined this bill may increase state general fund revenue by an indeterminable amount in FY 2007 and each fiscal year thereafter. There will be no fiscal impact on county and local revenue or state, county, and local expenditures.

**METHODOLOGY:**

The Insurance Department states this bill allows individual health insurance carriers to write coverage with condition specific exclusions, giving carriers another marketing option. Currently, a carrier's only option might be to decline a coverage offer; under this bill, the carrier might decide to offer coverage that excludes a specified condition. Regardless, the applicant would be eligible for high risk pool coverage. The Department states some applicants would opt for the coverage that excludes the specified condition rather than purchase coverage through the high risk insurance pool. The high risk pool does not pay insurance premium tax, and individual carriers do pay insurance premium tax. To the extent more coverage is purchased in the private market under this bill than before, state insurance premium tax revenue will increase by an indeterminable amount. The Department states the high risk pool currently insures less than 1,000 people, and a fraction of these people might have been offered coverage with a condition specific exclusion.

The Department of Administrative Services states this bill will have no fiscal impact on the internal service fund that supports the State's self-funded employee and retiree health benefit program.

# Amendments

Rep. Spratt, Hills. 3
March 13, 2007
2007-0589h
01/05

Amendment to HB 263-FN

Amend RSA 420-G:5, I(e) as inserted by section 1 of the bill by replacing it with the following:

***(e) The health carrier's offer of coverage and policy shall not include riders or endorsements that exclude coverage for more than one specified condition.***

Not Adopted

Rep. Spratt, Hills. 3
March 19, 2007
2007-0784h
01/03

Amendment to HB 263-FN

Amend RSA 420-G:5, I as inserted by section 1 of the bill by inserting after subparagraph (k) the following new subparagraph:

(l) Prior to providing coverage under this section, the health carrier shall obtain an acceptance form signed by the member that contains all of the information required by subparagraphs (c), (d), (g) and (i). Unless approved by the commissioner, the acceptance form shall use not less than 12-point type, and shall employ one of the following titles:

(1) "Notice! See Elimination Rider Endorsement Included Herein."

(2) "Notice! See Exclusion Rider Included Herein."

(3) "Notice! See Exception Rider Included Herein."

(4) "Notice! See Limitation Rider Included Herein."

(5) "Notice! See Reduction Rider Included Herein."

(6) "Notice! See Elimination Endorsement Included Herein."

(7) "Notice! See Exclusion Endorsement Included Herein."

(8) "Notice! See Exception Endorsement Included Herein."

(9) "Notice! See Limitation Endorsement Included Herein."

(10) "Notice! See Reduction Rider Included Herein."

# Speakers

# SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 263-FN Date 2-8-07

Committee Commerce

** Please Print All Information **

| Name | Address | Phone | Representing | (check one) Pro | Con |
|---|---|---|---|---|---|
| Anthony J. Julianos | 125 AIRPORT RD CONCORD | 472-3067 | NH EMPLOYEE BENEFITS ADVISORS | X | |
| Jack Sullivan | 93 Juniper St. Manchester, NH | 669-0032 | Natl Assn of Ins & Fin Adv. | X | |
| Russell M. Moorhouse | 86 Lovejoy Rd Milford, NH 03055 | 673-5508 | Ind Broker | X | |
| Brian Quigley | AIAC P | | | X | |

# Hearing Minutes

## HOUSE COMMITTEE ON COMMERCE

## PUBLIC HEARING ON HB 263-FN

**BILL TITLE:** relative to health insurance riders.

**DATE:** February 8, 2007

**LOB ROOM:** 302 **Time Public Hearing Called to Order:** 11:20 am

**Time Adjourned:** 12:38 pm

(please circle if present)

**Committee Members:** Reps. Reardon, DeStefano, Kopka, McEachern, Butler, J. Hammond, Houde, Matheson, Nord, Spratt, Warren, Winters, Hunt, Belanger, D. Flanders, Charles Clark, Marshall Quandt, Matthew Quandt, Martin and Pelkey.

**Bill Sponsors:** Rep. Hunt

### TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

**Rep. John Hunt, sponsor** - The bill was law for six months. "Accidentally" repealed. High profile small group insured – allows alternative choices in chronic issue cases. This bill addresses individual coverage and not small group.

**Q:** Pools?

**A:** Individual coverage identifies whether or not you are in high risk pool.

**Q:** Cost difference from regular to high risk?

**A:** 20%.

**Q:** Group rate targeting of high risk insured individual?

**A:** All absorb costs of high risk.

**Leslie Ludke, NH Insurance Department** – Individual market no requirement to insure; also variation in rating factors in both. SB 100 addresses issue with regard to groups – two questions: one benefit program question and 2 rating issue.

**Q:** Is bill in keeping with SB 125?

**A:** Matter for legislators.

Q: Why would individual purchase insurance that excludes chronic condition?

**A:** Primarily a cost factor – insurer must notify that high risk pool exists.

**Q:** Loss rates in high risk pool?

**A:** 200% plus or minus; also rates could not exceed 150%.

**Q:** Ratio individual vs small group?

**A:** Individual 20,000; group 120,000; fully insured 300K. Include self insured, 600K; individual market about 3%.

**Q:** Individual market competiveness?

**A:** Robust.

**Dave Trudo, representing self**- Seventeen years experience in area. Concerned about individual market. Guaranteed issue causes skyrocketing rates with high risk inclusion; rider elimination yields higher rates for pool.

**Q:** Offering riders a good choice?

**A:** Yes, rate saving/protection and effectiveness; remember exclusionary riders only at origination of policy.

**Barbara Hollowquest, Assurant Health** – Supports the bill. Both insurer and insured benefit.

**Bob Nash, Independent Insurance Agents of NH** – Supports the bill as continuation of policy. Assumption by many carriers still in force. Insured benefits from exclusionary policy choice.

***Tom Murtaugh, NFiB** – Supports the bill. Choice/more options. (Clarification, diabetes referenced cannot be on rider).

**Q:** Besides diabetes, any others?

**A:** Serious heart conditions (not law that dictates).

**Russell Monblean, Agents/Clients** – Companies unable to write riders simply declined.

**Q:** Will removal of rider impact premium?

**A:** No.

Subcommittee members will include Reps. Spratt, Flanders, Clerk, Warren and Nord.

Respectfully Submitted:

Stephen P. Spratt, Clerk

HOUSE COMMITTEE ON COMMERCE

PUBLIC HEARING ON HB 263-FN

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**Committee Members:** Reps. Reardon, DeStefano, Kopka, McEachern, Butler, J. Hammond, Houde, Matheson, Nordgren, Spratt, Warren, Winters, Hunt, Belanger, D. Flanders, Charles Clark, Marshall Quandt, Matthew Quandt, Martin and Pelkey.

**Bill Sponsors:** Rep. Hunt

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

SPONSOR - BILL WAS LAW FOR 6 MONTHS - 'ACCIDENTALLY' REPEALED - HIGH PROFILE SMALL GROUP INSURED - ALLOWS ALTERNATIVE CHOICES IN CHRONIC ISSUE CASES - THIS BILL ADDRESSES INDIVIDUAL COVERAGE + NOT SMALL GROUP -

Q - POOLS

A - INDIVIDUAL COV. IS ENTRIES, WHETHER OR NOT YOU ARE IN HIGH RISK POOL

Q - COST DIFF. FROM 'REG' TO HIGH RISK

A - 20% +

Q - GROUP RATE TARGETING OF HIGH RISK INSURED INDIVIDUAL?

A - ALL ABSORB COSTS OF HIGH RISK

1. (2) LESLIE LUDTKE - NHID - IN INDIVIDUAL MARKET NO REQ'T TO ISSUE ALSO VARIATION IN RATING FACTORS IN BOTH - SB110 ADDRESSES ISSUE W/REGARD TO GROUPS - 2 QUESTIONS (1 BENEFIT REQ. QUESTION) (2 RATING ISSUES)

Q - IS BILL IN KEEPING W/ SB125

A - MATTER FOR LEGISLATORS

Q - WHY WOULD INDIVIDUAL PURCH. INSURANCE THAT EXCLUDES CHRONIC COND.?

A - PRIMARILY A COST FACTOR (INSURER MUST NOTIFY THAT HIGH RISK POOL EXISTS)

Q - LOSS RATIOS IN HIGH RISK POOL?

A - 200% +/- - ALSO RATIOS COULD NOT EXCEED 150%

Q - RATIO INDIVIDUAL VS SMALL GROUP?

A 120,000 & 170,000 (FULLY INSURED 300K) INCL. SELF-INSURED 600K INDIVIDUAL MKT about 3% -

Q - INDIVIDUAL MKT. COMPETITIVENESS?

A - ROBUST

2/8/07 HB 263-FN

(F) (3) DAVE TRUDO - SELF - 17 YEARS EXP. IN AREA CONCERNED ABOUT INDIVIDUAL MKT - GUARANTEED ISSUE CAUSES SKYROCKETING RATES W/HIGH RISK INCLUSION RIDER ELIMINATION YIELDS HIGHER RATES FOR POOL

Q - OFFERING RIDERS A GOOD CHOICE?

A - YES - RATE SAVINGS/PROTECTION AND EFFECTIVENESS - REMEMBER EXCLUSIONARY RIDERS ONLY AT ORIGINATION OF POLICY

(F) (4) BARBARA HOLLONQUEST - ASSURANT HEALTH - BOTH INSURER + INSURED BENEFIT

(F) (5) BOB NASH - INDEPENDENT INS. AGENTS OF N.H. - SUPPORTS AS CONTINUATION OF POLICY - ASSUMPTION BY MANY CARRIERS STILL IN FORCE - INSURED BENEFITS FROM EXCLUSIONARY POLICY

WI CHOICE -

(F) (6) TOM MURTAGH - NFIB - CHOICE/MORE OPTIONS (CLARIFICATION DIABETES REFERENCED CANNOT BE ON RIDER)

Q - BESIDES DIABETES ANY OTHERS?

(F) A - SERIOUS HEART CONDITIONS (NOT SAW THAT DICTATES)

(7) RUSSELL MONBLEAU - AGENTS/CLIENTS - COMPANIES UNABLE TO WRITE RIDERS SIMPLY DECLINED

Q - WILL REMOVAL OF RIDER IMPACT PREMIUM

A - NO

SUBCOM SPRATT, FLANDERS, CLARK, WARREN, NORD

# Sub-Committee Actions

## HOUSE COMMITTEE ON COMMERCE

## SUBCOMMITTEE WORK SESSION ON HB 263-FN

**BILL TITLE:** relative to health insurance riders.

**DATE:** March 20, 2007

**Subcommittee Members:** Reps. Flanders, Quandt, Spratt, Reardon and Nord

**Comments and Recommendations:**

**Amendments:**

| | | | |
|---|---|---|---|
| Sponsor: Rep. Spratt | OLS Document #: | 2007 | 0784h |
| Sponsor: Rep. | OLS Document #: | | |
| Sponsor: Rep. | OLS Document #: | | |

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Flanders

Seconded by Rep. Quandt

Vote: 4-1

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Flanders

Seconded by Rep. Quandt

Vote: 4-1

Respectfully submitted,

Rep. Spratt
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE

SUBCOMMITTEE WORK SESSION ON HB 263-N`

BILL TITLE: relative to health insurance riders.

DATE: ~~{Type DATE}~~ 3-20-07

**Subcommittee Members:** Reps. {Type NAMES}

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. FLANDERS OLS Document #: 2007-0589h

Sponsor: Rep. QUANST OLS Document #: 2007-0784h

Sponsor: Rep. OLS Document #:

5-0

**Motions:** (OTP) OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. FLANDERS

Seconded by Rep. QUANST

Vote:

**Motions:** OTP (OTP/A) ITL, Interim Study (Please circle one.)

Moved by Rep. FLANDERS

Seconded by Rep. QUANST

Vote: 4-1

Respectfully submitted,

Rep. {Type NAME}
Subcommittee Chairman/Clerk

Rep. Spratt, Hills. 3
March 19, 2007
2007-0784h
01/03

Amendment to HB 263-FN

Amend RSA 420-G:5, I as inserted by section 1 of the bill by inserting after subparagraph (k) the following new subparagraph:

(l) Prior to providing coverage under this section, the health carrier shall obtain an acceptance form signed by the member that contains all of the information required by subparagraphs (c), (d), (g) and (i). Unless approved by the commissioner, the acceptance form shall use not less than 12-point type, and shall employ one of the following titles:

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(8) "Notice! See Exception Endorsement Included Herein."

(9) "Notice! See Limitation Endorsement Included Herein."

(10) "Notice! See Reduction Rider Included Herein."

# Sub-Committee Minutes

## HOUSE COMMITTEE ON COMMERCE

## SUBCOMMITTEE WORK SESSION ON HB 263-FN

**BILL TITLE:** relative to health insurance riders.

**DATE:** March 13, 2007

**Subcommittee Members:** Reps. Spratt, Reardon, Nord, Flanders, and Quandt

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Flanders

Seconded by Rep. Reardon

Vote: 4-1

**Motions:** OTP, OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Flanders

Seconded by Rep. Reardon

Vote: 4-1

Respectfully submitted,

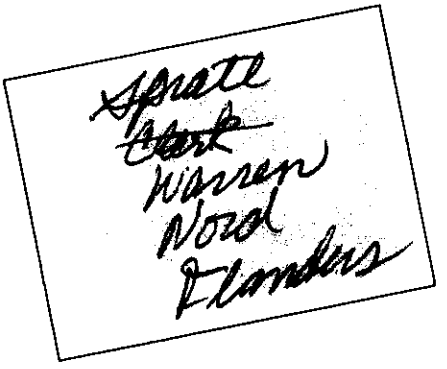
Rep.
Subcommittee Chairman/Clerk

HOUSE COMMITTEE ON COMMERCE

SUBCOMMITTEE WORK SESSION ON HB 263-FN

**BILL TITLE:** relative to health insurance riders.

**DATE:** ~~{Type DATE}~~ 3-13-07




**Subcommittee Members:** Reps. {Type NAMES}

SPRATT, REARDON, NORD, FLANDERS, QUANOT

**Comments and Recommendations:**

**Amendments:**

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** (OTP) OTP/A, ITL, Interim Study (Please circle one.) AMEND ② TO ① FOR EXCLUDED COVERAGE

Moved by Rep. FLANDERS

Seconded by Rep. REARDON

Vote: 4-1

3/20/ TUES. AMENDMENT 9:30

**Motions:** OTP, (OTP/A), ITL, Interim Study (Please circle one.)

Moved by Rep. FLANDERS

Seconded by Rep. REARDON

Vote:

Respectfully submitted,

Rep. {Type NAME}
Subcommittee Chairman/Clerk

HB263-FN

HU STATES ELIMINATIN RIDERS

MANY STATES EXCEPT HIBAA - ELGIBLE INDINIDUALS

HISTORY -

RUSS MONBLEAU - SUPPORT

RELATIVE PREMIUMS FOR INSURANCE ACCESS

JOINED RANKS OF UNINSURED W/O RIDERS

COST CUT BY 40% -

GROUP PLANS OUTBACK DUE TO RISING COSTS W/O

ANTHONY GIULIANNI SUPPORT - SB21 - 410

ACCIDENTALLY REN

J - ALLERGY RIDERS -

BOB NASH - SUPPORT - ADD'L CHOICE - HIGH RISK

POOL - DO NOT WANT TO PUSH PEOPLE INTO HIGH RCS

TOM MUR - NFIB - INDIVIDUAL

LESLIE - REPEAL OF LAW INADVERTENT 110

NO FILINGS MADE - PROCEDURE FOR FILING

* EXPLICIT NOTICE - FAX CURRENT

* # OF SPECIFIED CONDITIONS

* EXCEPTION FOR HIPAA - GUARANTEED ELIGIBLE

AMENDMENT - NOTICE PROVISION -

# Testimony

2/8/07
SOURCE: NH ID

CHAPTER 201

SB 21 - FINAL VERSION

04/03/03 0992s

5jun03... 1707h

2003 SESSION

03-0603

01/09

SENATE BILL *21*

AN ACT relative to health insurance riders.

SPONSORS: Sen. Flanders, Dist 7; Sen. Prescott, Dist 23

COMMITTEE: Insurance

ANALYSIS

This bill authorizes insurers to place health insurance riders on individual policies if certain conditions are met.

---

Explanation: Matter added to current law appears in ***bold italics.***

Matter removed from current law appears [~~in brackets and struckthrough.~~]

Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

04/03/03 0992s

5jun03... 1707h

03-0603

01/09

STATE OF NEW HAMPSHIRE

*In the Year of Our Lord Two Thousand Three*

AN ACT relative to health insurance riders.

*Be it Enacted by the Senate and House of Representatives in General Court convened:*

201:1 Medical Underwriting; Individual Policies. Amend RSA 420-G:5, II to read as follows:

II. Health carriers providing health coverage for individuals may perform medical underwriting, including the use of

individual health statements or screenings or the use of prior individual claims history, to the extent necessary to establish or modify premium rates, only as provided in RSA 420-G:4. Such underwriting may be limited to the use of a standardized health statement for use in adjustments to rating pursuant to RSA 420-G:4. The commissioner may, by rule, require carriers to use a standardized health statement. ***Health carriers providing health coverage for individuals may issue policies containing riders or endorsements that exclude coverage for a specified condition that existed prior to the issuance of coverage and complications that arise from the specified condition if all of the following standards are met:***

***(a) The coverage exclusion shall be for a specific medical condition and complications arising from the condition.***

***(b) The coverage exclusion shall not apply to any other medical condition not related directly to the specific medical condition being excluded.***

***(c) The health carrier shall provide to the applicant before issuance of the policy a written notice explaining the coverage exclusion for the specified condition and complications arising from the condition.***

***(d) The health carrier's offer of coverage and policy shall clearly indicate in bold print as a separate section of the policy or on a separate form that the applicant is being offered coverage with a coverage exclusion and specifying the excluded medical condition and related complications that will be considered as arising from the excluded condition.***

***(e) The health carrier's offer of coverage and policy shall not include riders or endorsements that exclude coverage for more than 2 specified conditions.***

***(f) The health carrier shall notify the applicant that it will review the underwriting basis for the coverage exclusion upon request one time per year, and remove the coverage exclusion, no later than the next policy renewal date, if the health carrier determines that evidence of insurability is satisfactory.***

***(g) The health carrier shall notify the applicant in writing that the applicant may decline the offer of coverage with a coverage exclusion and obtain coverage through the New Hampshire health insurance high risk pool, under RSA 404-G.***

***(h) The coverage exclusion period shall be concurrent with any other applicable preexisting condition limitation or exclusion period.***

***(i) The health carrier shall provide to covered persons who may be subject to coverage exclusions a means by which coverage for specific services can be verified in advance.***

***(j) Riders or endorsements containing coverage exclusions shall not apply to services, benefits, or options required by state or federal law to be included in the coverage.***

***(k) Any rider or endorsement used to reduce or deny payment for coverage otherwise included in the policy, shall include the name or specific description of the sickness or physical condition that is to be reduced or denied.***

201:2 Medical Underwriting; Exception Added. Amend RSA 420-G:5, III(b) to read as follows:

(b) ***Except as provided in RSA 420-G:5, II,*** offer riders or endorsements to exclude certain illnesses or health conditions in order to avoid the purpose of this chapter.

201:3 High Risk Pool Eligibility. Amend RSA 404-G:5-e, I(c) and (d) to read as follows:

(c) The individual has a history of any medical or health condition that is on a list adopted by the association; [~~or~~]

(d) The individual is an "eligible individual" as defined in section 2741(b) of the Public Health Service Act[~~.~~]***;***

***or***

***(e) The individual has received an offer of coverage from a carrier of individual health insurance that contains a rider or endorsement excluding coverage for a specified condition pursuant to RSA 420-G:5, II.***

201:4 Effective Date. This act shall take effect 60 days after its passage.

(Approved: June 30, 2003)

(Effective Date: August 29, 2003)

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The online insurance gateway.

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Insuance FAQs
Health Insurance FAQs
Group Health FAQs
Misc. Health FAQs
General Insurance FAQs
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Insure Lane » FAQs »

# What are Health Plan Riders?

Health insurance riders exist to add to or make relatively subtle but important changes to the coverage offered by your health insurance policy. Riders are therefore amendments to your health plan that change your coverage to better reflect your needs (increasing or decreasing benefits, providing alternative benefits, etc).

For instance, you can purchase a rider that adds to your coverage alternative medicine and care.

## Here are 4 common health insurance riders:

1. **Thee Multiple Indemnity Rider:** These riders provide you with coverage for accidental death or dismemberment.
2. **The Waiver of Premium Rider:** This kind of insurance rider allows you to skip your insurance premiums during an extended hospital stay.
3. **The Additional Coverage Rider:** These riders provide health coverage in addition to your basic policy.
4. **The Exclusion Rider:** This spells out a pre-existing condition (or similar medical issue) that won't be covered by your health plan.

The information on the specifics of the rider will literally be typed up on a separate form that will be attached to your original health insurance plan.

Printer Email Newsletter Signup

37 STATES ALLOW RIDERS

# Health Insurance - **Limitations, Exclusions & Riders**

**Understandably, it would be impossible to find a health insurance policy that covers every illness or medical condition without limits or exclusions. Most policies specify certain types of injuries, illnesses, or procedures for which they provide a lower level of coverage. Furthermore, certain illnesses, injuries, and procedures may not be covered at all. Limitations are conditions or procedures covered under a policy but at a benefit level lower than the norm. Exclusions, on the other hand, are conditions or procedures that are completely omitted from coverage. Your health insurance policy should list all limitations and exclusions. Therefore reading and understanding one's health policy is certainly an important thing to do.**

**What are some common limitations and exclusions?**
**Although the specifics of limitations and exclusions do vary from policy to policy, the following is a list of common limitations and exclusions a standard policy might include:**

- Pre-existing conditions: A pre-existing condition is an illness or injury that began or occurred before you obtained coverage under a policy. Pre-existing conditions are often excluded from coverage, or may be covered after a specified waiting period.
- Nonduplication of payments/coordination of benefits: In order to prevent double coverage, many policies specify that benefits will not be paid for amounts that are reimbursed by other insurance companies. This provision limits the total payment of benefits to 100% of covered expenses.
- Alcohol and/or drug abuse treatment
- Care covered by the Veterans Administration or workers' compensation
- Cosmetic surgery: Cosmetic surgery required as the result of an accidental injury or congenital defect is generally not excluded.
- Dental expense: Some policies may cover reconstructive dental treatment resulting from accidental injury.
- Experimental procedures
- Hernia
- Infertility treatment
- Injury incurred while committing a felony
- Injury, illness, or death that occurs while under the influence of intoxicants or narcotics
- Military duty: This provision usually suspends the policy while the insured is serving in the military.
- Noncommercial airline travel
- Organ transplants
- Self-inflicted injuries
- STDs
- Vision correction
- War or acts of war that result in injury or death

**What is a rider?**
**Insurance policies are usually written in a standard form, most of which is dictated by state insurance law. If you need additional coverage or if there are changes to the standard document, these changes can be made by way of a rider. The information to be conveyed in the rider is typed up on a separate piece of paper, which is attached to the standard policy. An endorsement can accomplish the same goal; the only difference is that an endorsement is actually incorporated into the body of the existing policy. Some common health insurance riders are as follows.**

**Multiple indemnity**
**In some health insurance policies, accidental death or dismemberment benefits may be doubled or tripled depending on the cause of death or specific type of dismemberment. This multiple indemnity may be included in the policy by way of a rider.**

**Waiver of premium**
**Some policies may allow you to skip premiums during periods of extended hospitalization.**

**Exclusion**
**Also called an "Impairment rider," this rider is used to specify a medical condition that might normally be covered but is not covered because it is a pre-existing condition. Although the particular condition is not covered, use of this rider allows the applicant to obtain insurance for other healthcare needs when this condition**

might otherwise make the person uninsurable.

Additional coverage
If the insurer agrees to provide coverage that is not included in the standard insurance contract, this coverage might be described in a rider.

# American Republic Insurance Company

NATIONAL HEADQUARTERS: DES MOINES, IOWA 50334

NAIC #60836

August 21, 2003

The Honorable Paula T. Rogers
Insurance Commissioner
New Hampshire Department of Insurance
GAA Plaza, 56 Old Suncook Road
Concord, New Hampshire 03301-7317

Attention: Maureen Hartsmith

Subject: INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Endorsement Form A-2441NH
Compliance with Senate Bill 21

Dear Mrs. Hartsmith:

Enclosed is the above referenced form for your review and approval. This is a new form and does not replace any existing form currently on file with your department.

Endorsement Form A-2441NH is an exclusionary rider for specific medical conditions and complications arising from that condition, as allowed by Senate Bill 21. This form will be used with our individual accident and health insurance policies.

The use of Endorsement Form A-2441NH will not impact our current rates. However, we reserve the right to adjust rates in the future, if warranted by our experience.

We believe this form will meet with your approval. If you have any questions or comments, please call me at 800-987-8988, or you may e-mail me at IDR@aric.com. My fax number is 515-247-2558.

Cordially,

Brenda Phillips

Brenda S. Phillips
Assistant Vice President
Product

BSP/cc
Enclosures

# American Republic Insurance Company
National Headquarters, Des Moines, Iowa 50334

**ENDORSEMENT**

**This policy provides all the stated benefits, except for any loss incurred by or for [John A. Doe] which results from:**

[ ]

This rider is attached to and forms a part of [Policy/Certificate No. 123456789] issued by American Republic Insurance Company and is countersigned and effective [September 1, 2003].

Mary K. Durand
Secretary

Countersigned by:

Accepted:

_____

_____
Insured

A-2441NH

P08.3 any corrective surgery for ptosis of the eyelid, and/or complications arising therefrom
P46.10 colostomy including supplies, and/or complications arising therefrom
P46.20 ileostomy including supplies, and/or complications arising therefrom
P53.7 use of cane, walker, wheelchair or other orthopedic device
P64.9 penile prosthesis, and/or complications arising therefrom
P85.5 breast prosthesis, and/or complications arising therefrom
V22 pregnancy
001 unspecified infections, and/or viral diseases
002.0 typhoid fever
003.0 salmonellosis
005.1 botulism
009.0 dysentery, amebic, bacillary dysentery, and/or gastroenteritis
010 evaluation, treatment, and/or complications of Tuberculosis in any form
013.0 tuberculous meningitis
015.0 evaluation, treatment, and/or complications of previous Pott's Disease
022 anthrax
023 brucellosis, and/or complications arising therefrom
033 whooping cough
034.1 scarlet fever
037 tetanus
038.9 septicemia
039 actinomycotic infections, and/or complications arising therefrom
040.2 Whipple's disease
041.1 staphylococcus infection
042 immune deficiency disorders including acquired immunodeficiency syndrome (aids) and aids related complex
045 poliomyelitis, including evaluation, treatment, and/or complications arising therefrom
049.9 encephalitis, myelitis and/or encephalomyelitis, including evaluation, treatment, and/or complications arising therefrom
050.5 liver transplant
052 chickenpox (varicella)
053 herpes zoster, including evaluation, treatment, and/or complications arising therefrom
054.1 genital herpes, including evaluation, treatment, and/or complications arising therefrom
055.6 kidney transplant
055.9 measles
061 dengue fever (breakbone fever)
071 rabies
072.9 mumps
075 mononucleosis
076 trachoma including evaluation, treatment, and/or complications arising therefrom
078.1 Condyloma Acuminata, incl uding evaluation, treatment, and/or complications arising therefrom
084 malaria and/or complications arising therefrom
088.81 lyme disease
094.0 tabes dorsalis
096.01 implantation of a pacemaker including replacement of battery or powerpack, and/or complications arising therefrom
097 syphilis
098 gonorrhea
099 venereal disease
099.3 Reiter's syndrome, including evaluation, treatment, and/or complications arising therefrom
110 dermatophytosis, including evaluation, treatment, and/or complications arising therefrom
110.1 onychomycosis and/or mycotic infections of the skin, including evaluation, treatment, and/or complications arising therefrom
115 histoplasmosis or coccidioidomycosis
116 blastomycotic infections, and/or complications arising therefrom

Print Close

# ProblemReport

Created by Maureen Hartsmith on 10/06/2003

Sent 10/06/2003 12:43:08 PM

| | | | |
|---|---|---|---|
| State: | New Hampshire | Response to: | ComponentHeader USPH-5QNHG3563/00-07/00-00/00 |
| SERFF Tracking #: | USPH-5QNHG3563/00-07/00-01/00 | | |
| Lead Company: | americanrepublicinsuranceco | | |
| Company: | americanrepublicinsuranceco | | |
| Product Name: | MM Endorsement | TOI: | H16I Individual Health - Major Medical |
| Filing Date: | 08/22/2003 | Sub TOI: | H16I.005A Individual - Preferred Provider (PPO) |
| Report Status: | Filing will be Disapproved if reply is not rec'd within 10 days | State Tracking #: | |
| Reviewer Phone Number: | | Company Tracking #: | 08NH0050 |
| Product Name: | MM Endorsement | | |
| Project Name: | Waiver Endorsement | Project Number: | 08NH0050 |
| Status Effective Date: | 10/06/2003 | | |

**Report Information: Problem Report**

Comments:
Any loss which RESULTS from is too vague. Per SB 21 the exclusion shall be for a specific medical condition and must specify the related conditions which are being excluded. example
"..the treatment of the following condition(s)..."
"and for the treatment of the following related complications ..."

# American Republic Insurance Company

NATIONAL HEADQUARTERS: DES MOINES, IOWA 50334

NAIC #60836

October 15, 2003

Mrs. Maureen Hartsmith
Administrator
New Hampshire Department of Insurance
GAA Plaza, 56 Old Suncook Road
Concord, New Hampshire 03301-7317

Subject: RESUBMISSION-INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
Endorsement Form A-2441NH

Dear Mrs. Hartsmith:

We have reviewed your comments provided on October 6, 2003. In response, we have changed the lead-in sentence on Waiver Endorsement A-2441NH.

During the course of reviewing your comments, our underwriting area that they were working on a re-write project for exclusionary riders notified us. We have been finding that other states are not allowing us to waiver complications arising from certain medical conditions, therefore, we have made a corporate decision to only exclude specified medical conditions in our waiver endorsements and to no longer exclude "complications arising therefrom." In response, we have enclosed a revised list of medical exclusions to replace those originally filed.

Enclosed are the amended version of A-2441NH and the revised list of excluded conditions for your approval.

We believe the above referenced changes will meet with your approval. If you have any questions or comments, please call me at 800-987-8988, or you may e-mail me at IDR@aric.com. My fax number is 515-247-2558.

Cordially,

Brenda Phillips

Brenda S. Phillips
Assistant Vice President
Product

BSP/cc
Enclosures

American Republic Insurance Company
National Headquarters, Des Moines, Iowa 50334

## ENDORSEMENT

**This policy provides all the stated benefits, except for any loss incurred by or for [John A. Doe] due to the following condition(s):**

[Evaluation for and/or treatment of polysystic ovarian disease and/or stein-leventhal syndrome.]

This rider is attached to and forms a part of [Policy/Certificate No. 123456789] issued by American Republic Insurance Company and is countersigned and effective [September 1, 2003].

Mary K. Durand
Secretary

Countersigned by:

Accepted:

_____

_____
Insured

A-2441NH

| Codes | Wording | Usage |
|---|---|---|
| 010 | *Evaluation for and/or treatment of tuberculosis in any form except for state mandated benefits* | WRPD |
| 054.1 | *Evaluation for and/or treatment of herpes simplex virus and/or genital herpes except for state mandated benefits* | WRPD |
| 140 | *Evaluation for and/or treatment of neoplasm of the lip except for state mandated benefits* | WRPD |
| 151 | *Evaluation for and/or treatment of neoplasm of the stomach except for state mandated benefits* | WRPD |
| 154 | *Evaluation for and/or treatment of neoplasm of the rectum and/or rectosigmoid junction except for state mandated benefits* | WRPD |
| 161 | *Evaluation for and/or treatment of neoplasm of the larynx except for state mandated benefits* | WRPD |
| 186 | *Evaluation for and/or treatment of neoplasm of the testes except for state mandated benefits* | WRPD |
| 189 | *Evaluation for and/or treatment of neoplasm of both kidneys, pelvis of kidney, and/or ureter except for stated mandated benefits* | WRPD |
| 189R | *Evaluation for and/or treatment of neoplasm of the right kidney, pelvis of kidney, and/or ureter except for state mandated benefits* | WRPD |
| 189L | *Evaluation for and/or treatment of neoplasm of the left kidney, pelvis of kidney, and/or ureter except for state mandated benefits* | WRPD |
| 190L | *Evaluation for and/or treatment of neoplasm of the left eye except for state mandated benefits* | WRPD |
| 190R | *Evaluation for and/or treatment of neoplasm of the right eye except for state mandated benefits* | WRPD |
| 190 | *Evaluation for and/or treatment of neoplasm of either or both eyes except for state mandated benefits* | WRPD |
| 201 | *Evaluation for and/or treatment of hodgkin's disease except for state mandated benefits* | WRPD |
| 220 | *Evaluation for and/or treatment of neoplasm of either or both ovaries except for state mandated benefits* | WRPD |
| 220R | *Evaluation for and/or treatment of neoplasm of the right ovary except for state mandated benefits* | WRPD |
| 220L | *Evaluation for and/or treatment of neoplasm of the left ovary except for state mandated benefits* | WRPD |
| 251.2 | *Evaluation for and/or treatment of hypoglycemia except for state mandated benefits* | WRPD |
| 255 | *Evaluation for and/or treatment of the adrenal glands except for state mandated benefits* | WRPD |
| 256.4 | *Evaluation for and/or treatment of polycystic ovarian disease and/or stein-leventhal syndrome except for state mandated benefits* | WRPD |
| 272 | *Evaluation for and/or treatment of hyperlipidemia, including but not limited to oral medications except for state mandated benefits* | WRPD |
| 278 | *Evaluation for and/or treatment of obesity, including but not limited to, surgery, medication, nutritional counseling and/or dietary supplements except for state mandated benefits* | WRPD |

| | | |
|---|---|---|
| 287 | *Evaluation for and/or treatment of purpura and/or other hemorrhagic conditions except for state mandated benefits* | WRPD |
| 300 | *Evaluation for and/or treatment of mental, behavioral, nervous and/or emotional disorders except for state mandated benefits* | WRPD |
| 350 | *Evaluation for and/or treatment of trigeminal neuralgia except for state mandated benefits* | WRPD |
| 362 | *Evaluation for and/or treatment of the retina and/or optic nerve of either or both eyes except for state mandated benefits* | WRPD |
| 362R | *Evaluation for and/or treatment of the retina and/or optic nerve of the right eye except for state mandated benefits* | WRPD |
| 362L | *Evaluation for and/or treatment of the retina and/or optic nerve of the left eye except for state mandated benefits* | WRPD |
| 362.3 | *Evaluation for and/or treatment of retinal vascular occlusion except for state mandated benefits* | WRPD |
| 371 | *Evaluation for and/or treatment of the either or both corneas except for state mandated benefits* | WRPD |
| 371R | *Evaluation for and/or treatment of the right cornea except for state mandated benefits* | WRPD |
| 371L | *Evaluation for and/or treatment of the left cornea except for state mandated benefits* | WRPD |
| 374.1 | *Evaluation for and/or treatment of ectropion and/or entropion except for state mandated benefits* | WRPD |
| 374.3 | *Evaluation for and/or treatment of ptosis of the eyelid except for state mandated benefits* | WRPD |
| 455 | *Evaluation for and/or treatment of hemorrhoids except for state mandated benefits* | WRPD |
| 473 | *Evaluation for and/or treatment of the sinuses and/or nasal mucosa, and/or nasal polyps, including but not limited to acute sinusitis, chronic sinusitis, chronic rhinitis, and allergic rhinitis except for state mandated benefits* | WRPD |
| 477 | *Evaluation for and/or treatment of Allergic rhinits due to conditions such as pollen, dust mites, pet dander, and a variety of other allergens including but not limited to, seasonal allergic rhinits, perennial rhinitis, and perinnial rhinitis with non-allergic triggers. Does not include infectious rhinitis (cold) except for state mandated benefits* | WRPD |
| 477.8 | *Evaluation for and/or treatment of Allergies due to food, insects, or other allergen causing urticaria or hives, except for anaphylactic reaction except for state mandated benefits* | WRPD |
| 490 | *Evaluation for and/or treatment of bronchitis except for state mandated benefits* | WRPD |
| 496 | *Evaluation for and/or treatment of chronic obstructive lung/pulmonary disease and/or emphysema except for state mandated benefits* | WRPD |
| 493 | *Evaluation for and/or treatment of asthma, reactive upper or lower airway disease, bronchospasm, asthmatic bronchitis, and/or status asthmatics except for state mandated benefits* | WRPD |

| | | |
|---|---|---|
| 518 | *Evaluation for and/or treatment of the lungs except for state mandated benefits* | WRPD |
| 530.7 | *Evaluation for and/or treatment of Mallory-Weiss Syndrome, esophageal varices and/or esophageal hemorrhage except for state mandated benefits* | WRPD |
| 530.9 | *Evaluation for and/or treatment of the esophagus, including but not limited to esophageal spasm, achalasia, gastroesophageal reflux disease, reflux esophagitis, esophageal stricture, ulcer of the esophagus, barrett's esophagus and/or esophageal cancer except for state mandated benefits* | WRPD |
| 533.9 | *Evaluation for and/or treatment of duodenal, gastric, and peptic ulcer, and/or gastritis/duodenitis, including gastroesophageal reflux disease and reflux esophagitis except for state mandated benefits* | WRPD |
| 535.1 | *Evaluation for and/or treatment of gastritis except for state mandated benefits* | WRPD |
| 543 | *Evaluation for and/or treatment of the appendix except for state mandated benefits* | WRPD |
| 555 | *Evaluation for and/or treatment of crohn's disease, regional enteritis, granulomatous colitis, ileitis, ulcerative colitis, ulcerative proctitis, inflammatory bowel disease, and/or colorectal cancer except for state mandated benefits* | WRPD |
| 562.11 | *Evaluation for and/or treatment of diverticulitis and/or diverticulosis except for state mandated benefits* | WRPD |
| 564.1 | *Evaluation for and/or treatment of irritable bowel syndrome, functional colitis, spastic colitis, and mucous colitis except for state mandated benefits* | WRPD |
| 565 | *Evaluation for and/or treatment of anal fissure, rectal fistula, rectal and/or anal abscess except for state mandated benefits* | WRPD |
| 568.0 | *Evaluation for and/or treatment of abdominal adhesions except for state mandated benefits* | WRPD |
| 569.0 | *Evaluation for and/or treatment of polyps and/or neoplasm of the colon/rectum except for state mandated benefits* | WRPD |
| 569.1 | *Evaluation for and/or treatment of prolapse of the rectum except for state mandated benefits* | WRPD |
| 569.4 | *Evaluation for and/or treatment of anal and/or rectal regions except for state mandated benefits* | WRPD |
| 577 | *Evaluation for and/or treatment of the pancreas including pancreatitis, pancreatic cyst and/or pancreatic cancer except for state mandated benefits* | WRPD |
| 592 | *Evaluation for and/or treatment of calculus of either or both kidneys and/or ureters except for state mandated benefits* | WRPD |
| 592R | *Evaluation for and/or treatment of calculus of the right kidney and/or ureter except for state mandated benefits* | WRPD |
| 592L | *Evaluation for and/or treatment of calculus of the left kidney and/or ureter except for state mandated benefits* | WRPD |
| 593 | *Evaluation for and/or treatment of either or both kidneys and/or ureters except for state mandated benefits* | WRPD |
| 593R | *Evaluation for and/or treatment of the right kidney and/or ureter except for state mandated benefits* | WRPD |
| 593L | *Evaluation for and/or treatment of the left kidney and/or ureter except for state mandated benefits* | WRPD |

| | | |
|---|---|---|
| 614.9 | *Evaluation for and/or treatment of salpingitis, oophoritis, endometritis and/or pelvic inflammatory disease except for state mandated benefits* | WRPD |
| 620.2 | *Evaluation for and/or treatment of ovarian cyst except for state mandated benefits* | WRPD |
| 621.3 | *Evaluation for and/or treatment of endometrial hyperplasia except for state mandated benefits* | WRPD |
| 629 | *Evaluation for and/or treatment of the female reproductive organs including either or both ovaries, fallopian tubes, uterus, cervix, and/or vagina except for state mandated benefits* | WRPD |
| 669.7 | *Evaluation for and/or treatment of hyperemesis gravidarum, pregnancy induced hypertension, toxemia, pre eclampsia and/or eclampsia except for state mandated benefits* | WRPD |
| 709.2 | *Evaluation for and/or treatment of revision of scar tissue except for state mandated benefits* | WRPD |
| 716 | *Evaluation for and/or treatment of arthritis including rheumatoid arthritis, osteoarthritis, traumatic arthritis and/or inflammatory arthritis except for state mandated benefits* | WRPD |
| 724 | *Evaluation and/or treatment for the spine including spinous process, vertebra, laminae, facet joints, discs, spinal cord nerves and/or meninges except for state mandated benefits* | WRPD |
| 729.1 | *Evaluation for and/or treatment of fibromyalgia, myalgia, neuralgia, neuritis and/or myositis except for state mandated benefits* | WRPD |
| 731 | *Evaluation for and/or treatment of paget's disease (osteitis deformans) except for state mandated benefits* | WRPD |
| 738.3 | *Evaluation for and/or treatment of chest deformity including but not limited to pectus excavatum and/or pectus cavinatum except for state mandated benefits* | WRPD |
| 759.6 | *Evaluation for and/or treatment of puetz-jegher's syndrome including malignant degeneration except for state mandated benefits* | WRPD |
| 784.0 | *Evaluation for and/or treatment of migraine headache, cluster headache and/or tension headache except for state mandated benefits* | WRPD |
| 786.9 | *Evaluation for and/or treatment of sleep apnea except for state mandated benefits* | WRPD |
| 788.3 | *Evaluation for and/or treatment of urinary incontinence except for state mandated benefits* | WRPD |
| 788.41 | *Evaluation for and/or treatment of urinary frequency and/or overactive bladder except for state mandated benefits* | WRPD |
| 813 | *Evaluation for and/or treatment of either or both radius and/or ulna including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 813L | *Evaluation for and/or treatment of either or both left arm radius and/or ulna including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 813R | *Evaluation for and/or treatment of either or both right arm radius and/or ulna including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 814 | *Evaluation for and/or treatment of the carpal bones of either or both wrists including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 814R | *Evaluation for and/or treatment of the carpal bones of the right wrist including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 814L | *Evaluation for and/or treatment of the carpal bones of the left wrist including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 825 | *Evaluation for and/or treatment of tarsal and/or metatarsal bones of either or both feet including removal or replacement of internal fixations except for state mandated benefits* | WRPD |

| | | |
|---|---|---|
| 825L | *Evaluation for and/or treatment of tarsal and/or metatarsal bones of the left foot including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 825R | *Evaluation for and/or treatment of tarsal and/or metatarsal bones of the right foot including removal or replacement of internal fixations except for state mandated benefits* | |
| 836 | *Evaluation for and/or treatment of either or both knees including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 836L | *Evaluation for and/or treatment of the left knee including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 836R | *Evaluation for and/or treatment of the right knee including removal or replacement of internal fixations except for state mandated benefits* | WRPD |
| 887 | *Evaluation for and/or treatment from the amputation of either or both arms or hands including prosthesis replacement except for state mandated benefits* | WRPD |
| 887L | *Evaluation for and/or treatment from the amputation of either or both the left arm or hand including prosthesis replacement except for state mandated benefits* | WRPD |
| 887R | *Evaluation for and/or treatment from the amputation of either or both the right arm or hand including prosthesis replacement except for state mandated benefits* | WRPD |
| 897 | *Evaluation for and/or treatment from the amputation of either or both legs including prosthesis replacement except for state mandated benefits* | WRPD |
| 897R | *Evaluation for and/or treatment from the amputation of the right leg including prosthesis replacement except for state mandated benefits* | WRPD |
| 897L | *Evaluation for and/or treatment from the amputation f the left leg including prosthesis replacement except for state mandated benefits* | WRPD |
| 959.3 | *Evaluation for and/or treatment of the wrist including but not limited to nerve damage except for state mandated benefits* | WRPD |
| P46 | *Evaluation for and/or treatment of colostomy, ileostomy, and/or jejunumostomy, including supplies except for state mandated benefits* | WRPD |
| P64.9 | *Evaluation for and/or treatment of penile prosthesis except for state mandated benefits* | WRPD |
| P85.5 | *Evaluation for and/or treatment of breast prosthesis except for state mandated benefits* | WRPD |
| P305.1 | *Smoking within 5 years* | RPD |
| V22 | *Pregnancy* | D |
| V54.9 | *Evaluation for and/or treatment of any internal fixation including removal or replacement except for mandated benefits* | WRPD |

NH House Commerce Committee
March 13, 2007
Subject: Individual Health Plan – Approval of Riders

- Objective of Health Underwriting is to entice more carriers into the market to provide greater choice, options, and price competition.

- Objective of Riders is to allow for a higher carrier acceptance rate and provide a wider variety of plans at more affordable premiums.

- The effect of elimination of riders is contrary to two primary objectives; that is, the rate of declination has spiked, and many previous options are no longer available.

- The NH High Risk Pool is a safety net for the uninsurable; however, plan limitations may be troublesome and the premium cost, in some cases may be prohibitive. This is a good safety net, however, like all nets, if over-loaded, it will break.

- The upside of allowing riders is that many people in New Hampshire who either do not have access to group coverage, or who cannot afford the premiums, will have choices.

- There is no downside to Riders.
  They are limited in number and may be lifted over time.
  Consumers always have the option for the High Risk Pool.

***What we do NOT want to do is restrict their choices.***

Attached Charts

I have tried to illustrate several plans currently available and then juxtapose them to just two plans from other carriers who have had to pull back because of the rescission of the Rider Rule.

The premium quotes for Assurant and Celtic all have an underwriting "load" assuming Standard rates plus ridered factors.

As you can readily see, the premium cost differences are substantial.

Also, please note other critical factors such as prescription limitations, out of pocket expenses, (deductibles plus coinsurance), and lifetime maximums just to name a few.

The point is, the New Hampshire citizenry is better served by a market that is competitive, healthy, and providing a wide array of plan designs and premium cost structures.

Restrictions of choice has already proven to be a harmful market condition. We had previously corrected this with allowing health underwriting with a cap of two riders per policy.

Please restore this ability so that we may all best serve our constituency.

Thank you

Russell N. Monbleau
Independent Insurance Producer

NH Commerce Committee
March 13, 2007

# Individual Health Plans
## Options with No Health Riders

Rates effective 4-1-07

| Carrier | New Hampshire High Risk Pool (Non Smkr) | | | | New Hampshire High Risk Pool (Smoker) | | | |
|---|---|---|---|---|---|---|---|---|
| Rating | Indemnity A | Indemnity B | Managed B | Managed C | Indemnity A | Indemnity B | Managed B | Managed C |
| Deductible | $1,750.00 | $3,500.00 | $2,500.00 | $5,000.00 | $1,750.00 | $3,500.00 | $2,500.00 | $5,000.00 |
| Coinsurance | $3,000.00 | $3,500.00 | $2,500.00 | $2,500.00 | $3,000.00 | $3,500.00 | $2,500.00 | $2,500.00 |
| Cost Max | $4,750.00 | $7,000.00 | $5,000.00 | $7,500.00 | $4,750.00 | $7,000.00 | $5,000.00 | $7,500.00 |
| Lifetime | $2M | $2M | $2M | $2M | $2M | $2M | $2M | $2M |
| Rx Annual Max | $10,000 | | | | | | | |
| Wellness | Not Covered | | Ded + Coin | | Not Covered | | Ded + Coin | |
| Age 35 | $311.00 | $251.00 | $197.00 | $157.00 | $467.00 | $377.00 | $295.00 | $236.00 |
| Age 45 | $531.00 | $429.00 | $336.00 | $268.00 | $797.00 | $643.00 | $504.00 | $402.00 |
| Age 55 | $884.00 | $713.00 | $559.00 | $446.00 | $1,326.00 | $1,070.00 | $839.00 | $669.00 |
| Age 60 | $1,016.00 | $820.00 | $643.00 | $513.00 | $1,524.00 | $1,230.00 | $965.00 | $769.00 |
| | | | | | | | | |
| Carrier | ANTHEM | | | | | | | |
| Rating | Standard | Standard | Smoker | Smoker | | | | |
| Deductible | $2,000.00 | $5,000.00 | $2,000.00 | $5,000.00 | | | | |
| Coinsurance | $3,000.00 | $1,000.00 | $3,000.00 | $1,000.00 | | | | |
| Cost Max | $5,000.00 | $6,000.00 | $5,000.00 | $6,000.00 | | | | |
| Lifetime | $2M | $2M | $2M | $2M | | | | |
| Rx Annual Max | $1K Generic only | | | | | | | |
| Wellness | Co-pay | | | | | | | |
| Age 35 | $251.10 | $190.01 | $376.63 | $285.01 | | | | |
| Age 45 | $459.88 | $348.00 | $689.81 | $521.98 | | | | |
| Age 55 | $703.07 | $532.01 | $1,054.60 | $798.01 | | | | |
| Age 60 | $781.22 | $591.12 | $1,171.83 | $886.69 | | | | |

NH Commerce Committee
March 13, 2007

# Individual Health Plans
## Options With Riders

Rates effective 4-1-07

| Carrier | Assurant (John Alden, Fortis, Time) | | | |
|---|---|---|---|---|
| Rating | 2 Rider NS | 2 Rider NS | 2 Rider Smkr | 2 Rider Smkr |
| Deductible | $1,600.00 | $2,850.00 | $1,600.00 | $2,850.00 |
| Coinsurance | $2,500.00 | $2,500.00 | $2,500.00 | $2,500.00 |
| Cost Max | $4,100.00 | $5,350.00 | $4,100.00 | $5,350.00 |
| Lifetime | $3M Standard - may buy up to $8M for $12/month | | | |
| Rx Annual Max | No Limit | | | |
| Wellness | Ded + Coin | | | |
| Age 35 | $248.36 | $181.78 | $365.68 | $266.41 |
| Age 45 | $366.73 | $283.75 | $543.24 | $419.39 |
| Age 55 | $520.31 | $407.83 | $773.58 | $605.48 |
| Age 60 | $596.02 | $460.38 | $887.16 | $684.34 |
| | | | | |
| Carrier | Celtic | | | |
| Rating | 2 Rider NS | 2 Rider NS | 2 Rider Smkr | 2 Rider Smkr |
| Deductible | $1,500.00 | $2,500.00 | $1,500.00 | $2,500.00 |
| Coinsurance | $2,000.00 | $2,000.00 | $2,000.00 | $2,000.00 |
| Cost Max | $3,500.00 | $4,500.00 | $3,500.00 | $4,500.00 |
| Lifetime | $5M | | | |
| Rx Annual Max | No Cap | | | |
| Wellness | $200 Benefit - then Ded + Coin | | | |
| Age 35 | $164.62 | $139.50 | $189.31 | $160.42 |
| Age 45 | $228.66 | $193.76 | $262.96 | $222.83 |
| Age 55 | $388.23 | $328.99 | $446.46 | $378.32 |
| Age 60 | $458.35 | $388.41 | $527.10 | $466.66 |

NEW HAMPSHIRE
**Health Plan**

# PLAN COMPARISON SUMMARY[1]

| New Hampshire Health Plan (NHHP) | Indemnity Plans | | Managed Care Plans | | | | |
|---|---|---|---|---|---|---|---|
| | **Option A** | **Option B** | **Option A** | **Option B** | **Option C** | **Option D** | **Option H[2]** |
| **General Policy Provisions** | | | In network | | | | |
| Calendar Year Deductible | $1,750 | $3,500 | $1,000 | $2,500 | $5,000 | $10,000 | $5,250 |
| Your Coinsurance % | 20% | | 20% | | | 0% | |
| Out-of-Pocket Maximum (including deductible & coinsurance) | $4,750 | $7,000 | $3,500 | $5,000 | $7,500 | $10,000 | $5,250[3] |
| | | | Out of network | | | | |
| Calendar Year Deductible | not applicable | | $2,000 | $3,500 | $7,500 | $12,500 | $7,750 |
| Your Coinsurance % | | | 40% | | | 20% | |
| Out-of-Pocket Maximum (including deductible & coinsurance) | | | $7,000 | $8,500 | $12,500 | $15,000 | $10,250 |
| Lifetime NHHP Maximum | $2 million | | | | | | |
| **Prescription Drug Benefit** | | | | | | | |
| Calendar Year Deductible | $300 | | | | | | In network: Same as general policy provisions |
| Retail copays (generic / preferred* / brand*) | $10 / $30+20% / $45+20% | | | | | | |
| Mail order copays (generic / preferred* / brand*) | $20 / $60+20% / $90+20% | | | | | | |
| Calendar year maximum benefit | $10,000 | | | | | | Out of network: Not covered |
| **All Mental Health and Alcohol & Drug Abuse – combined benefit limitations** | | | | | | | |
| Calendar year maximum benefit | $3,000 | $1,000 | $3,000 | $1,000 | $1,000 | $1,000 | $1,000 |
| Lifetime NHHP Maximum | $10,000 | $3,000 | $10,000 | $3,000 | $3,000 | $3,000 | $3,000 |
| **Selected Benefit Comparisons** | | | | | | | |
| Routine Physical Exams (including annual GYN) | not covered | | covered, subject to deductible & coinsurance | | | | |
| Immunizations, Pap smears, PSA tests, lead screening | not covered | | covered, subject to deductible & coinsurance | | | | |
| Maternity rider (with added premium) | available | not available | available | not available | | | |

* You will pay additional amounts if you purchase a non-generic name drug if a generic is available.
For a listing of preferred drugs see www.restat.com/members/formulary.cfm

**Important Notes:**

[1] Additional limitations beyond those in this summary apply. Any NHHP plan description in this summary or elsewhere is intended only as a starting guide. Actual plan provisions are set forth in the policy. It is important for you to review your policy. You will have 10 days from the date you receive your policy to return it and receive a full refund of premiums paid if, for any reason, you are not happy with it.

[2] Managed Care Option H qualifies as a "high deductible health plan" under federal Health Savings Account ("HSA") provisions. Enrollees in this plan may be able to create an HSA to pay certain medical expenses and enjoy certain tax benefits. Please consult with your tax advisor regarding this.

[3] Family coverage is available for Managed Care Option H. The calendar year deductible for all family members is $10,000.

***For more information on New Hampshire Health Plan, call 1-877-888-NHHP (6447) or visit www.nhhealthplan.org.***

ASSURANT Health

501 W. Michigan
Milwaukee, WI 53203

Date: **03/12/2007** Form/Plan ID: **888/BODP**
Version: **8.8.0.J**

**Applicant(s)**
**Address** NH 03055
**Agency** BOSTON, JALIC NORTH
**Information** 1900 W PARK DR #105 WESTBOROUGH MA 01581
Business Number: 0JAJ6700-1-JA-001, Telephone: (508) 366-5588, Fax: (508) 898-0939
**Writing Agent** RUSSELL MONBLEAU
Business Number: 0JAV4063-0-JA-001, Telephone: (603) 672-1133, E-mail: MCBINSURE@AOL.COM

## OneDeductible PPO Plan Selected with John Alden Health Savings Account (HSA)

| | | | |
|---|---|---|---|
| **Effective Date:** | 04/01/2007 | **Payment Mode:** | Monthly |
| **Annual Deductible:** | $2,850 | **Plan:** | OneDeductible PPO |
| **Annual OON Ded:** | $500 | **HSA Acct Type:** | JAlden |
| **Coinsurance/ Out-of-pocket:** | 50% (OOP: $2,500) (excludes deductible) | **Individual Out-of-pocket Maximum:** | PPO Network $5,350 (includes in-net deductible only) |
| **Out-of-Network Differential:** | 0% | **Lifetime Maximum:** | $3,000,000 |
| **Initial Rate Guarantee:** | 12 Months | **PPO Network:** | HealthCare Value Management (HCVM) (HCV) |

| Applicant(s) | Sex | Age | Class | Base | No Off Copay | Misc Fees | Optional Benefits | Totals |
|---|---|---|---|---|---|---|---|---|
| Primary | Male | 60 | Tobacco User | $547.47 | | | | $547.47 |
| **Total Recurring Amount** | | | | **$547.47** | | | | **$547.47** |
| Processing Fee (one-time) | | | | | | | | $20.00 |
| **Total Amount** | | | | | | | | **$567.47** |

These rates are only valid for policies issued with effective dates from 4/01/2007 to 4/28/2007 when quoted using the most current version of software. Rates quoted more than 30 days in advance of the effective date are subject to change and are not guaranteed. This proposal is not an insurance contract. Only the actual contract provisions will apply. Final rates may vary slightly due to the rounding process.

Products are presented by *North Star Marketing Corporation.*

John Alden

*Assurant Health is the brand name for products underwritten and issued by John Alden Life Insurance Company.*

2/8/07

PROline Products LLC
Made in New Hampshire

February 8, 2007

Representative Tara J. Reardon
Chairperson Commerce Committee
Legislative Office Building, Room 302
Concord, NH 03301

RE: House Bill 263, An Act Relative to Health Insurance Riders

Dear Madam Chair,

My name is Tom Murtagh. I live in Rochester and am a small business owner in Milton, NH. I'm the Leadership Council chairman of NH's chapter of the National Federation of Independent Business. (NFIB)

NFIB is the nation's leading small business advocacy association, representing the interests of small and independent business owners and their employees in Washington and all 50 states. In New Hampshire, the NFIB serves over 2000 members. The NFIB mission is to promote and protect the right of our members to own, operate and grow their businesses.

Passing HB 263 will give our members and all New Hampshire citizens more choice when it comes to buying health insurance. HB263 will allow insurance companies to offer individuals lower cost options. It allows consumers to self insure some risk and get insurance at lower cost. Not passing HB 263 will force carriers to increase an individuals cost or deny coverage, leaving our citizens with only higher costs options like the NH Health Plan (risk pool) or employer based insurance (group insurance) if they qualify. High cost is the main reason people elect to go without health insurance.

The NFIB urges the Committee members to pass HB 263.

Thank you,

Thomas P. Murtagh

**34 Industrial Way**
**Milton, New Hampshire 03851**

**603-652-7337**
**fax 603-652-7900**

2/8/07

HOUSE COMMITTEE RESEARCH OFFICE
New Hampshire House of Representatives
4th Floor, Legislative Office Building
Concord, New Hampshire 03301
TDD Access: Relay NH
1-800-735-2964

603-271-3600

To: Rep. Tara G. Reardon, Chairman, House Commerce Committee

From: Pam Smarling, Committee Researcher
House Committee Research

Date: February 7, 2007

RE: HB 263, relative to health insurance riders.
Background on Exclusionary Rider Provision, adopted and repealed, 2003

---

A law allowing exclusionary riders in individual health policies was adopted in 2003 with the passage of SB 21. Later that same year, SB 110, was adopted. This second bill provided for the repeal and reenactment of RSA 420-G:5 which had included the exclusionary rider provision. Due to the difference in effective dates between these two laws, exclusionary riders were permitted from August 29, 2003 until January 1, 2004. The Insurance Department issued a bulletin on November 16, 2006 clarifying that only riders purchased during this 4-month window will continue to be in effect.

This issue was revisited in the fall of 2006 when the Insurance Department became aware that carriers have been 'underwriting at claims' or adding exclusionary riders upon renewal. This means that an insured who has filed claims for a certain illness finds a rider on his policy for that illness when it comes to renewal. A number of consumers called to complain about this practice and inquire about its legality. This led the department to inform carriers that it is not allowed and led to the issuance of the general bulletin explaining the issue. It seems likely that some carriers remember the adoption of SB 21 in 2003, began writing riders when the law became effective and did not note the provision in SB 110 that prohibited riders.

**1. SB 711 (1994)**

Among a wide variety of other provisions, this legislation included a provision as part of RSA 420-G:4 (Practices Relating to Premium Rates and Coverage) that prohibited medical underwriting in individual and small group health plans. This provision also specifically prohibited riders for medical underwriting or to exclude certain illnesses or health conditions.

Effective: ***January 1, 1995.***

**2. SB 21 (2003), relative to health insurance riders (Flanders and Prescott)**

This legislation allowed individual policies to contain riders that exclude coverage for a specified condition if certain standards are met. The provisions of SB 21 are identical to HB 263 (2007) with the exception of a section 3 of the bill which amends RSA 404-G:5-e, relative to the high risk pool.

Effective: ***August 29, 2003***

SB 21 was referred to the Senate Insurance Committee and was adopted by the Senate with amendment. It was then referred to the House Commerce Committee. The committee developed further amendments to the bill in three subcommittee work sessions. The House adopted the Commerce Committee's amendment and the Senate concurred with the House version of the bill.

*House Commerce Committee report on SB 21, June 5, 2003:*

> Rep. Donald H. Flanders for Commerce: This bill affects only health insurance for individuals and follows up on changes made two years ago to the rules for the individual market. Similar to what SB 110 does for the small group market, community rating was repealed two years ago in the individual market and health insurance companies are now allowed to "underwrite" their non-group or individual coverage. Unlike SB110, the individual market does not have guaranteed issue (whereby the insurance companies must offer their policies to everyone). If someone is unable to get health insurance in the individual market, they can get insurance from the high-risk pool. This bill will allow insurers in the individual market to offer a policy to a new customer (not for renewals) that excludes certain pre-existing conditions. So, instead of not making any offer to a person with a significant health condition, this bill authorizes insurers to place health insurance riders or endorsements on individual policies excluding coverage for certain specified medical conditions that existed prior to the issuance of coverage. At the hearing, the committee learned that typical exclusions are allergies and lower back pain. The coverage exclusion cannot apply to any other medical condition not related directly to the specific medical condition being excluded, and the committee added language requiring that the consumer be notified in writing and before buying the policy of all the conditions or complications that will be considered to be related to the excluded condition and therefore not covered. The insurer may exclude no more than two specified conditions. These exclusions shall not apply to services, benefits or options required by state or federal law to be included in the coverage. Persons with diabetes and other conditions that can have numerous of different kinds of complications will probably not be able to take advantage of this legislation and will most likely be referred to the high-risk pool. Vote 15-2.

**3. SB 110 (2003)**

SB 110 amended many sections of RSA 420-G, including RSA 420-G:5, which was repealed and reenacted. As amended, paragraph IV of this section reads:

> "IV. Health carriers shall not offer riders or endorsements to exclude certain illnesses or health conditions in order to avoid the purpose of this chapter."

The section that included this change became effective on ***January 1, 2004.***

**Reference to Riders in the High Risk Pool Law, RSA 404-G:5-e(f)**

The Department bulletin notes that some of the carriers writing coverage with exclusionary riders reportedly had been relying on the language of RSA 404-G:5-e which refers to "a rider or endorsement excluding coverage for a specified condition pursuant to RSA 420-G:5, II". This reference was added to RSA 404-G in 2003 with the adoption of SB 21 and was not repealed when SB 110 was adopted later in the same year. The Department bulletin notes that since RSA 420-G:5 did not permit exclusionary riders after the adoption of SB 110 and in fact explicitly prohibits the use of riders, the reference does not constitute an authorization for exclusionary riders.

If I can provide further information on this, please let me know.

2/8/07


# The State of New Hampshire
# Insurance Department
21 South Fruit Street, Suite 14
Concord, NH 03301

Roger A. Sevigny
Commissioner

Alexander K. Feldvebel
Deputy Commissioner


## BULLETIN

Docket No.: Ins 06-038-AB

**Date:** November 16, 2006

**To:** All Licensed Writers of Individual Health Insurance

**From:** Roger A. Sevigny

## RE: Exclusionary Riders

This bulletin is intended to clarify that the use of exclusionary riders and endorsements in the individual health insurance market is prohibited.

Exclusionary provisions, typically in the form of a rider or endorsement attached to an individual health insurance policy, exclude coverage for certain conditions that existed prior to the effective date of coverage.

New Hampshire law permitted coverage to be issued with exclusionary provisions until the passage of Senate Bill 711 effective on January 1, 1994. Senate Bill 711 prohibited the use of these provisions until the passage of Senate Bill 21 effective on August 29, 2003. However, Senate Bill 110, effective January 1, 2004, repealed the statutory provisions that allowed carriers to write coverage with exclusionary provisions.

Therefore, effective January 1, 2004, carriers have been barred from writing coverage containing exclusions for certain conditions that existed prior to the effective date of coverage.

It has come to the Department's attention that some carriers may have issued or may still be marketing individual health insurance policies or may have issued policies on or after January 1, 2004, with exclusionary riders or endorsements.

Further, it is the Department's understanding that some carriers have relied on a statutory provision that provides any New Hampshire resident who is offered coverage with an exclusionary rider or endorsement the option to purchase high risk pool coverage pursuant to RSA 404-G:5-e I (f). This provision refers to exclusionary riders permitted pursuant to RSA 420-G:5 II. However, since the implementation of Senate Bill 110, RSA 420-G:5 II no longer contains language authorizing the use of exclusionary riders or endorsements. In addition, RSA 420-G:5, IV prohibits the use of riders or endorsements to exclude certain illnesses or health conditions in order to avoid the purpose of Chapter 420-G.

Consistent with the Department's bulletin dated December 28, 1994 regarding Chapter 294, Laws of 1994 (SB 711), any individual policy that was issued on or after August 29, 2003 and before January 1, 2004 with an exclusionary rider may be renewed as issued.

# Voting Sheets

## HOUSE COMMITTEE ON COMMERCE

## EXECUTIVE SESSION on HB 263-FN

**BILL TITLE:** **relative to health insurance riders.**

**DATE:** March 20, 2007

**LOB ROOM:** 302

**Amendments:**

| | | | |
|---|---|---|---|
| Sponsor: Rep. Spratt | OLS Document #: | 2007 | 0784h |
| Sponsor: Rep. | OLS Document #: | | |
| Sponsor: Rep. | OLS Document #: | | |

**Motions:** (OTP), OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. Spratt

Seconded by Rep. Quandt

Vote: 17-0 (Please attach record of roll call vote.)

**Motions:** OTP, (OTP/A), ITL, Interim Study (Please circle one.)

Moved by Rep. Spratt

Seconded by Rep. Quandt

Vote: 15-2 (Please attach record of roll call vote.)

**CONSENT CALENDAR VOTE:** Regular

(Vote to place on Consent Calendar must be unanimous.)

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Stephen P. Spratt, Clerk

HOUSE COMMITTEE ON COMMERCE

EXECUTIVE SESSION on HB 263-FN

**BILL TITLE:** **relative to health insurance riders.**

**DATE:** {Type DATE}

**LOB ROOM:** 302

**Amendments:**

Sponsor: Rep. SPRATT OLS Document #: 2007-0784h adopted

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

**Motions:** (OTP) OTP/A, ITL, Interim Study (Please circle one.)

Moved by Rep. SPRATT

Seconded by Rep. QUANDT

Vote: (Please attach record of roll call vote.) 17-0

**Motions:** OTP, (OTP/A), ITL, Interim Study (Please circle one.) 2007-0589h

Moved by Rep. SPRATT

Seconded by Rep. QUANDT

Vote: (Please attach record of roll call vote.) 15-2

**CONSENT CALENDAR VOTE:** {Type VOTE}

(Vote to place on Consent Calendar must be unanimous.) REGULAR

**Statement of Intent:** Refer to Committee Report

Respectfully submitted,

Rep. Stephen P. Spratt, Clerk

COMMERCE

Bill #: HB 263-FN Title: _____

H Date: ___/___/___ Exec Session Date: 2/20/2007

Motion: OTP Amendment #: 2007-0784h

| MEMBER | YEAS | NAYS |
|---|---|---|
| Reardon, Tara G, Chairman | ✓ | |
| DeStefano, Stephen T, V Chairman | ✓ | |
| Kopka, Angeline K | ✓ | |
| McEachern, Paul | ✓ | |
| Butler, Edward A | ✓ | |
| Hammond, Jill Shaffer | ✓ | |
| Houde, Matthew S | ✓ | |
| Matheson, Robert F | ✓ | |
| Nord, Susi | ✓ | |
| Spratt, Stephen P | ✓ | |
| Warren, Nancy H | | |
| Winters, Joel F | ✓ | |
| Hunt, John B | ✓ | |
| Belanger, Ronald J | ✓ | |
| Flanders, Donald H | ✓ | |
| Clark, Charles L | | |
| Quandt, Marshall E | ✓ | |
| Quandt, Matthew J | ✓ | |
| Martin, James R | | |
| Pelkey, Stephen T | ✓ | |
| | 17 | 0 |

TOTAL VOTE:

Printed: 1/9/2007

COMMERCE

Bill #: HB 263-FN Title: _____

H Date: ___/___/___ Exec Session Date: 3/20/2007

Motion: OTP Amendment #: 2007-0589h

| MEMBER | YEAS | NAYS |
|---|---|---|
| Reardon, Tara G, Chairman | ✓ | |
| DeStefano, Stephen T, V Chairman | ✓ | |
| Kopka, Angeline K | ✓ | |
| McEachern, Paul | ✓ | |
| Butler, Edward A | ✓ | |
| Hammond, Jill Shaffer | ✓ | |
| Houde, Matthew S | ✓ | |
| Matheson, Robert F | ✓ | |
| Nord, Susi | ✓ | |
| Spratt, Stephen P | ✓ | |
| Warren, Nancy H | | |
| Winters, Joel F | ✓ | |
| Hunt, John B | ✓ | |
| Belanger, Ronald J | ✓ | |
| Flanders, Donald H | ✓ | |
| Clark, Charles L | | |
| Quandt, Marshall E | ✓ | |
| Quandt, Matthew J | ✓ | |
| Martin, James R | | |
| Pelkey, Stephen T | ✓ | |
| | 17 | 0 |

TOTAL VOTE:

Printed: 1/9/2007

COMMERCE

Bill #: HB267 Title: _____

H Date: ___/___/___ Exec Session Date: 03/20/2007

Motion: OTP/A Amendment #: _____

| MEMBER | YEAS | NAYS |
|---|---|---|
| Reardon, Tara G, Chairman | ✓ | |
| DeStefano, Stephen T, V Chairman | ✓ | |
| Kopka, Angeline K | ✓ | |
| McEachern, Paul | ✓ | |
| Butler, Edward A | ✓ | |
| Hammond, Jill Shaffer | | ✓ |
| Houde, Matthew S | ✓ | |
| Matheson, Robert F | ✓ | |
| Nord, Susi | | ✓ |
| Spratt, Stephen P | ✓ | |
| Warren, Nancy H | | |
| Winters, Joel F | ✓ | |
| Hunt, John B | ✓ | |
| Belanger, Ronald J | ✓ | |
| Flanders, Donald H | ✓ | |
| Clark, Charles L | | |
| Quandt, Marshall E | ✓ | |
| Quandt, Matthew J | ✓ | |
| Martin, James R | | |
| Pelkey, Stephen T | ✓ | |
| | 15 | 2 |

TOTAL VOTE:

Printed: 1/9/2007

# Committee Report

REGULAR CALENDAR

March 22, 2007

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Committee on COMMERCE to which was referred HB263-FN,

AN ACT relative to health insurance riders. Having considered the same, report the same with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Stephen P Spratt

FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

# COMMITTEE REPORT

| | |
|---|---|
| Committee: | **COMMERCE** |
| Bill Number: | **HB263-FN** |
| Title: | **relative to health insurance riders.** |
| Date: | **March 22, 2007** |
| Consent Calendar: | **NO** |
| Recommendation: | **OUGHT TO PASS WITH AMENDMENT** |

## STATEMENT OF INTENT

This bill provides an alternative option in the individual insurance market for individuals whose only other option would be the high risk pool. The committee saw this as an alternative to becoming uninsured due to the cost of the high risk pool and limited exclusion riders to one specified condition.

Vote 15-2.

Rep. Stephen P Spratt
FOR THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

COMMERCE

**HB263-FN**, relative to health insurance riders. **OUGHT TO PASS WITH AMENDMENT.** Rep. Stephen P Spratt for COMMERCE. This bill provides an alternative option in the individual insurance market for individuals whose only other option would be the high risk pool. The committee saw this as an alternative to becoming uninsured due to the cost of the high risk pool and limited exclusion riders to one specified condition. **Vote 15-2.**

Original: House Clerk
Cc: Committee Bill File

# COMMITTEE REPORT

COMMITTEE: Commerce

BILL NUMBER: HB 263

TITLE:

DATE: 3/20/2007 CONSENT CALENDAR: YES ☐ NO ☒

☐ OUGHT TO PASS

☒ OUGHT TO PASS W/ AMENDMENT

Amendment No. 2007-0784/

☐ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ INTERIM STUDY (Available only 2nd year of biennium)

**STATEMENT OF INTENT:**

THIS BILL PROVIDES AN ALTERNATIVE OPTION ~~TO~~ IN THE INDIVIDUAL INSURANCE MARKET FOR INDIVIDUALS WHOSE ONLY OTHER OPTION WOULD BE THE HIGH RISK POOL; THE COMMITTEE SAW THIS AS AN ALTERNATIVE TO BECOMING UNINSURED due TO THE COST OF THE HIGH RISK POOL AND LIMITED EXCLUSIONS & RIDERS TO ONE SPECIFIED CONDITION

**COMMITTEE VOTE:** 15-2

- **Copy to Committee Bill File**
- **Use Another Report for Minority Report**

RESPECTFULLY SUBMITTED,

Rep. [signature]
For the Committee

Rev. 07/30/99