



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

September 27, 2021

NOTICE TO HEALTH CARRIERS CONCERNING COORDINATION OF BENEFITS PURSUANT TO CONN. GEN. STAT. § 38a-543.

This notice is to provide clarification on the inconsistency between the C.G.S. § 38a-543 and Section 38a-480-4(c) of the Regulations of Connecticut State Agencies. The statute correctly identifies the applicable law, the regulation is under review and will be updated.

The Department of Insurance will amend the Coordination of Benefits Regulation Section 38a-480-4(c) to clarify the Medicare carve-out per C.G.S. § 38a-543. The Department's interpretation that will be reflected in the amended regulation is as follows: A group contract may not reduce benefits on the basis that: (1) another plan exists and the covered person did not enroll in that plan; (2) a person is eligible but not enrolled in Medicare; or (3) a person has elected an option under another Plan providing a lower level of benefits than another option which could have been elected.

The amendment serves to eliminate confusion on whether this applies to Medicare Part A or B, as both are applicable. The regulation will also clarify that a person must not be penalized for not enrolling into Medicare or any other plan that is available.

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.