



BULLETIN HC-70-12
JULY 6, 2012

TO: ALL INSURANCE COMPANIES, FRATERNAL BENEFIT SOCIETIES, HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE CORPORATIONS AND HEALTH CARE CENTERS THAT DELIVER OR ISSUE INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES IN CONNECTICUT

RE: NOTICE PURSUANT TO CONNECTICUT GENERAL STATUTE 38a-477a OF NEW OR MODIFIED BENEFITS REQUIRED TO BE PROVIDED

The legislature enacted several new laws that impact individual and group health insurance policies delivered or issued for delivery in Connecticut. All entities are reminded that all policy forms are subject to prior approval. Policies are reviewed in the order of date received by the Insurance Department. For policy forms that are already approved, you are asked to file an endorsement or amendatory rider to be attached to the approved policy in order to expedite the review process. For new benefits on policies that require rates be filed, a rate filing should be made at the same time as the form filing even if there is no adjustment to the rates.

PUBLIC ACT 12-44 AN ACT CONCERNING INSURANCE COVERAGE FOR THE BIRTH-TO-THREE PROGRAM

This public act prohibits any payment made for this program from resulting in a loss of benefits due to any maximum lifetime or annual limit specified in the policy or adversely affecting the availability of health insurance to the child or child's family members insured under such policy. Such payment cannot be a reason to rescind or cancel such policy and cannot be treated differently than other claim experience for purposes of premium rating.

These provisions apply to both group and individual policies of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, renewed, amended or continued on or after July 1, 2012.

PUBLIC ACT 12-150 AN ACT CONCERNING GUIDELINES FOR HEALTH INSURANCE COVERAGE FOR BREAST MAGNETIC RESONANCE IMAGING

This public act eliminates the provision that coverage for magnetic resonance imaging of an entire breast or breasts to be in accordance with guidelines established by the American College of Radiology. Such imaging must now be covered in accordance with guidelines established by the American Cancer Society.

This provision applies to individual health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (10), (11) and (12) of section 38a-469 and group health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 effective from passage.

PUBLIC ACT 12-190 AN ACT CONCERNING DEDUCTIBLES FOR SCREENING COLONOSCOPIES AND SCREENING SIGMOIDOSCOPIES

This public act prohibits the imposition of a deductible for a procedure that a physician initially undertakes as a screening colonoscopy or a screening sigmoidoscopy.

This provision applies to both individual and group health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state on or after January 1, 2013.

QUESTIONS

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions about the Public Acts in this notice.

A handwritten signature in blue ink, reading "Thomas B. Leonardi", is written over a horizontal line.

Thomas B. Leonardi
Insurance Commissioner