



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT

BULLETIN HC-70  
AUGUST 1, 2008

**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 group and individual 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. Entities should file a red lined version as well as two clean copies along with a postage paid envelope of sufficient size to receive a stamped copy. In addition, 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. Since some mandates are required to be added to existing policies prior to renewal, carriers should file forms and rates as early as possible to meet any contractual notice requirements.

### PA 08-125 An Act Concerning Benefits for Inpatient Treatment of Serious Mental or Nervous Conditions

This act expands the benefits payable under a group health insurance policy for treatment received in a residential treatment facility by eliminating a three-day hospital stay prerequisite. It requires benefits to be payable when upon assessment by a physician, psychiatrist, psychologist or clinical social worker, the individual cannot be appropriately, safely or effectively treated in an acute care, partial hospitalization, intensive outpatient or outpatient setting. This bill also extends the benefits to adults. This change is effective for new and existing policies and certificates beginning on January 1, 2009. (C.G.S. §38a-514(k))

### PA 08-132 An Act Requiring Insurance Coverage for Autism Spectrum Disorder Therapies

This act requires all group and individual health insurance policies providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that are delivered, issued for delivery, renewed, amended or continued on or after

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January 1, 2009 provide coverage for physical therapy, speech therapy and occupational therapy services for the treatment of autism spectrum disorders as set forth in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", to the extent such services are a covered benefit for other diseases and conditions under such policies.

PA 08-147 An Act Making Changes to the Insurance Statutes

All individual health policies providing coverage of the type specified in subdivisions (1), (2), (4), (6), (10), (11) and (12) of section 38a-469 of the general statutes delivered, issued for delivery, amended or renewed in this state on or after January 1, 2009, shall provide that coverage for a child shall terminate no earlier than the policy anniversary date on or after whichever of the following occurs first, the date on which the child: marries; ceases to be a resident of the state; becomes covered under a group health plan through dependent's own employment; or attains the age of twenty six. The residency requirement shall not apply to dependent children under nineteen years of age or full-time students attending an accredited institution of higher learning. (C.G.S. §38a-497)

All group health insurance policies providing coverage of the type specified in subdivisions (1), (2), (3), (4), (11) and (12) of section 38a-469, shall provide the option for a child to continue coverage for the longer of the following periods: At the end of the month following the month in which the child marries; ceases to be a resident of the state; becomes covered under a group health plan through dependent's own employment; or attains the age of twenty six. The residency requirement shall not apply to dependent children under nineteen years of age or full-time students attending an accredited institution of higher learning. This applies to new and existing policies on and after January 1, 2009. (C.G.S. §38a-554)

The Department is issuing a separate Bulletin containing more detail and Questions and Answers on the new rules for termination of coverage for children under PA 08-147.

Effective October 1, 2008, this act defines limited coverage to be a policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 of the general statutes that contains an annual maximum benefit of less than one hundred thousand dollars or fixed dollar benefits of less than twenty thousand dollars on any core services. For the purpose of this section "core services" means medical, surgical and hospital services, including inpatient and outpatient physician, laboratory and imaging services. (C.G.S. §38a-482b and §38a-513d)

Please contact the Insurance Department Life and Health Division at [ctinsdept.lifehealth@ct.gov](mailto:ctinsdept.lifehealth@ct.gov) with any questions about the Public Acts in this notice.



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Thomas R. Sullivan  
Insurance Commissioner