1 DENEDICT 2 INTRODUCED BY 3 A BILL FOR AN ACT ENVITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE 4 BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND 5 INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522. 6 7 MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE." 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA: 9

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11

Section 1. Section 33-22-245, MCA, is amended to read:

12 "33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation 13 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual 14 shall make available a uniform health benefit plan providing the benefits and services required in subsection 15 (2).

(2) The uniform health benefit plan must: 16

(a) provide coverage for the services and articles required by 33-22-1521(2); 17

(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed 18

- 19 \$1,000 per person or \$2,000 per family;
- (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket 20
- 21 expenses for services covered; and
- 22 (d) be subject to a maximum lifetime benefit of \$1 million.
- 23

(3) Except as provided in this section, a health insurance issuer may exclude any category of

24 licensed health care practitioner and any benefit or coverage for health care services otherwise required by

- 25 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."
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Section 2. Section 33-22-522, MCA, is amended to read:

28 "33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation 29 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall 30 make available a uniform health benefit plan providing the benefits and services required in subsection (2).





LC1103.01

| 1  | (2) The uniform health benefit plan must:  |
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| 2  | (a) provide coverage for the services and articles required by 33-22-1521(2);                                |
| 3  | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                    |
| 4  | \$1,000 per person or \$2,000 per family;  |
| 5  | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket       |
| 6  | expenses for services covered; and   |
| 7  | (d) be subject to a maximum lifetime benefit of \$1 million.   |
| 8  | (3) Except as provided in this section, a health insurance issuer may exclude any category of                |
| 9  | licensed health care practitioner and any benefit or coverage for health care services otherwise required by |
| 10 | law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."  |
| 11 |  |
| 12 | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                     |
| 13 | -END-  |

BILL NO. 381 1 2 INTRODUCED BY DENEDICT · 2.10-3

A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE
BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND
INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522,
MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."

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9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

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11 Section 1. Section 33-22-245, MCA, is amended to read:

"33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation
 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual
 shall make available a uniform health benefit plan providing the benefits and services required in subsection
 (2).

- 16 (2) The uniform health benefit plan must:
- 17 (a) provide coverage for the services and articles required by 33-22-1521(2);

18 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed

- 19 \$1,000 per person or \$2,000 per family;
- 20 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket

21 expenses for services covered; and

- 22 (d) be subject to a maximum lifetime benefit of \$1 million.
- 23 (3) Except as provided in this section, a health insurance issuer may exclude any category of

24 licensed health care practitioner and any benefit or coverage for health care services otherwise required by

- 25 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."
- 26
- 27

Section 2. Section 33-22-522, MCA, is amended to read:

"33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation
delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall
make available a uniform health benefit plan providing the benefits and services required in subsection (2).



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LC1103.01

| 1  | (2) The uniform health benefit plan must:  |
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| 2  | (a) provide coverage for the services and articles required by 33-22-1521(2);                                |
| 3  | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                    |
| 4  | \$1,000 per person or \$2,000 per familγ;  |
| 5  | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket       |
| 6  | expenses for services covered; and   |
| 7  | (d) be subject to a maximum lifetime benefit of \$1 million.   |
| 8  | (3) Except as provided in this section, a health insurance issuer may exclude any category of                |
| 9  | licensed health care practitioner and any benefit or coverage for health care services otherwise required by |
| 10 | law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."  |
| 11 |  |
| 12 | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                     |
| 13 | -END-  |



BILL NO. 38 1 INTRODUCED BY DENEDIC 2 3 A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE 4 BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND 5 INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522. 6 7 MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE." 8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA: 9 10 11 Section 1. Section 33-22-245, MCA, is amended to read: "33-22-245. Uniform health benefit plan -- individual. (1) Each insurer or health service corporation 12 13 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual 14 shall make available a uniform health benefit plan providing the benefits and services required in subsection (2). 15 16 (2) The uniform health benefit plan must: 17 (a) provide coverage for the services and articles required by 33-22-1521(2); 18 (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed 19 \$1,000 per person or \$2,000 per family; 20 (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket 21 expenses for services covered; and 22 (d) be subject to a maximum lifetime benefit of \$1 million. 23 (3) Except as provided in this section, a health insurance issuer may exclude any category of 24 licensed health care practitioner and any benefit or coverage for health care services otherwise required by 25 law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state." 26 27 Section 2. Section 33-22-522, MCA, is amended to read: 28 "33-22-522. Uniform health benefit plan -- group. (1) Each insurer or health service corporation 29 delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall 30 make available a uniform health benefit plan providing the benefits and services required in subsection (2).

- 1 -



LC1103.01

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| 1  | (2) The uniform health benefit plan must:  |
|----|--|
| 2  | (a) provide coverage for the services and articles required by 33-22-1521(2);                                |
| 3  | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                    |
| 4  | \$1,000 per person or \$2,000 per family;  |
| 5  | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket       |
| 6  | expenses for services covered; and   |
| 7  | (d) be subject to a maximum lifetime benefit of \$1 million.   |
| 8  | (3) Except as provided in this section, a health insurance issuer may exclude any category of                |
| 9  | licensed health care practitioner and any benefit or coverage for health care services otherwise required by |
| 10 | law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."  |
| 11 |  |
| 12 | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                     |
| 13 | -END-  |

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| 1  | SENATE BILL NO. 381   |
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| 2  | INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT  |
| 3  |   |
| 4  | A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE                             |
| 5  | BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND                                |
| 6  | INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522,                               |
| 7  | MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."  |
| 8  |   |
| 9  | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:   |
| 10 |   |
| 11 | Section 1. Section 33-22-245, MCA, is amended to read:  |
| 12 | "33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation                |
| 13 | delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual |
| 14 | shall make available a uniform health benefit plan providing the benefits and services required in subsection     |
| 15 | (2).  |
| 16 | (2) The uniform health benefit plan must:   |
| 17 | (a) provide coverage for the services and articles required by 33-22-1521(2);                                     |
| 18 | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                         |
| 19 | \$1,000 per person or \$2,000 per family;   |
| 20 | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket            |
| 21 | expenses for services covered; and  |
| 22 | (d) be subject to a maximum lifetime benefit of \$1 million.  |
| 23 | (3) Except as provided in this section, a health insurance issuer may exclude any category of                     |
| 24 | licensed health care practitioner and any benefit or coverage for health care services otherwise required by      |
| 25 | law or rule from an individual uniform health benefit plan delivered or issued for delivery in this state."       |
| 26 |   |
| 27 | Section 2. Section 33-22-522, MCA, is amended to read:  |
| 28 | "33-22-522. Uniform health benefit plan group. (1) Each insurer or health service corporation                     |
| 29 | delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall |
| 30 | make available a uniform health benefit plan providing the benefits and services required in subsection (2).      |



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| 1          | (2) The uniform health benefit plan must:  |
|------------|--|
| 2          | (a) provide coverage for the services and articles required by 33-22-1521(2);                                |
| 3          | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                    |
| 4          | \$1,000 per person or \$2,000 per family;  |
| 5          | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket       |
| 6          | expenses for services covered; and   |
| 7          | (d) be subject to a maximum lifetime benefit of \$1 million.   |
| 8          | (3) Except as provided in this section, a health insurance issuer may exclude any category of                |
| 9          | licensed health care practitioner and any benefit or coverage for health care services otherwise required by |
| 10         | law or rule from an individual A GROUP uniform health benefit plan delivered or issued for delivery in this  |
| 1 <b>1</b> | state."  |
| 12         |  |
| 13         | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                     |
| 14         | -END-  |

| <ul> <li>INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT</li> <li>A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCI</li> <li>BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND</li> <li>INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522</li> <li>MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."</li> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individua</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(3) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any estable or preasitioner and any benefit or coverage for health care services otherwise required by</li> </ul>  |          |
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| <ul> <li>A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCI<br/>BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND<br/>INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522</li> <li>MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."</li> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation<br/>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individua<br/>shall make available a uniform health benefit plan providing the benefits and services required in subsection<br/>(2).</li> <li>(2). The uniform health benefit plan must:</li> <li>(3) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed<br/>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket<br/>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of<br/>licensed health care prastitioner and any benefit or coverage for health care services otherwise required by<br/>licensed health care prastitioner and any benefit or coverage for health care services otherwise required by<br/>licensed health care provided in this section, a health insurance issuer may exclude any category of<br/>licensed health care provided in this section, a health care services otherwise required by<br/>licensed health care provided in this section.</li> </ul> |          |
| <ul> <li>BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND<br/>INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522</li> <li>MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."</li> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation<br/>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual<br/>shall make available a uniform health benefit plan providing the benefits and services required in subsection<br/>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(3) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed<br/>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket<br/>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of<br/>bioaction and any benefit or coverage for health care services otherwise required by</li> </ul>  |          |
| <ul> <li>INDIVIDUAL UNIFORM HEALTH BENEFIT PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522</li> <li>MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."</li> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of</li> </ul>   | Ε        |
| <ul> <li>MCA; AND PROVIDING AN IMMEDIATE EFFECTIVE DATE."</li> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(3) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category or</li> </ul>  | )        |
| <ul> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category or</li> </ul>   | ,        |
| <ul> <li>BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:</li> <li>Section 1. Section 33-22-245, MCA, is amended to read:</li> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of</li> <li>licensed health care praotitioner and any benefit or coverage for health care services otherwise required by</li> </ul>   |          |
| 10         11       Section 1. Section 33-22-245, MCA, is amended to read:         12       "33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation         13       delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual         14       shall make available a uniform health benefit plan providing the benefits and services required in subsection         15       (2).         16       (2) The uniform health benefit plan must:         17       (a) provide coverage for the services and articles required by 33-22-1521(2);         18       (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed         19       \$1,000 per person or \$2,000 per family;         20       (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker         21       (d) be subject to a maximum lifetime benefit of \$1 million.         23       (3) Except as provided in this section, a health insurance issuer may exclude any category of         24       liceneed health care practitioner and any benefit or coverage for health care services otherwise required by  |          |
| Section 1. Section 33-22-245, MCA, is amended to read:         "33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation         delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual         shall make available a uniform health benefit plan providing the benefits and services required in subsection         (2).         (2).         (2).         (a) provide coverage for the services and articles required by 33-22-1521(2);         (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed         \$1,000 per person or \$2,000 per family;         (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket         expenses for services covered; and         (d) be subject to a maximum lifetime benefit of \$1 million.         (3) Except as provided in this section, a health insurance issuer may exclude any category of         Licensed health care practitioner and any benefit or coverage for health care services otherwise required by   |          |
| <ul> <li>"33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation</li> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual</li> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocked</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of</li> <li><i>licenced health care practitioner and</i> any benefit or coverage for health care services otherwise required by</li> </ul>   |          |
| <ul> <li>delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual shall make available a uniform health benefit plan providing the benefits and services required in subsection (2).</li> <li>(2) The uniform health benefit plan must: <ul> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed \$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of licenced health care praotitioner and any benefit or coverage for health care services otherwise required by</li> </ul> </li> </ul>   |          |
| <ul> <li>shall make available a uniform health benefit plan providing the benefits and services required in subsection</li> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker</li> <li>expenses for services covered; and</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of</li> <li>isoncod health care praotitioner and any benefit or coverage for health care services otherwise required by</li> </ul>  | 1        |
| <ul> <li>(2).</li> <li>(2) The uniform health benefit plan must:</li> <li>(a) provide coverage for the services and articles required by 33-22-1521(2);</li> <li>(b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed</li> <li>\$1,000 per person or \$2,000 per family;</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker</li> <li>(c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocker</li> <li>(d) be subject to a maximum lifetime benefit of \$1 million.</li> <li>(3) Except as provided in this section, a health insurance issuer may exclude any category of</li> <li>licensed health care prostitioner and any benefit or coverage for health care services otherwise required by</li> </ul>  | ł        |
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| <ul> <li>23 (3) Except as provided in this section, a health insurance issuer may exclude any-category of</li> <li>24 licensed health care practitioner and any benefit or coverage for health care services otherwise required by</li> </ul>  |          |
| 24 licensed health care practitioner and any benefit or coverage for health care services otherwise required by  |          |
|  | £        |
| 25 law or rule from an individual uniform health henefit plan delivered or issued for delivery in this state "   | <u>′</u> |
| 20 dav of rule inviti an individual dimonal nearth benefit bian denvered of issued for denvery in this state,  |          |
| 26   |          |
| 27 Section 2. Section 33-22-522, MCA, is amended to read:  |          |
| 28 "33-22-522. Uniform health benefit plan group. (1) Each insurer or health service corporation   | ۱        |
| delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shal   | i        |
| 30 make available a uniform health benefit plan providing the benefits and services required in subsection (2)   |          |



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| 1  | (2) The uniform health benefit plan must:  |
|----|--|
| 2  | (a) provide coverage for the services and articles required by 33-22-1521(2);                                |
| 3  | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                    |
| 4  | \$1,000 per person or \$2,000 per family;  |
| 5  | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket       |
| 6  | expenses for services covered; and   |
| 7  | (d) be subject to a maximum lifetime benefit of \$1 million.   |
| 8  | (3) Except as provided in this section, a health insurance issuer may exclude any category of                |
| 9  | licensed health care practitioner and any benefit or coverage for health care services otherwise required by |
| 10 | law or rule from an individual A GROUP uniform health benefit plan delivered or issued for delivery in this  |
| 11 | state."  |
| 12 |  |
| 13 | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                     |
| 14 | -END-  |



on Senate Bill 381 Report No. 1, April 15, 1997

Page 1 of 1

Mr. President and Mr. Speaker:

We, your Conference Committee on Senate Bill 381, met and considered the amendments to Senate Bill 381.

We recommend that Senate Bill 381 (reference copy - salmon) be amended as follows:

1. Title, line 5. Following: "<del>PROVISIONS</del>" Insert: "AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS"

2. Page 1, line 24.
Following: "and"
Insert: "any category of licensed health care practitioner and"
3. Page 2, line 9.

Following: "and" Insert: "any category of licensed health care practitioner and"

And that this Conference Committee report be adopted.

For the Senate:

Senator Steve Benedict, Chair

Senator Robert DePratu

| Senator              | Eve | Franklin |
|----------------------|-----|----------|
| $\gamma \rightarrow$ |     |          |

Amd. Coord.

Senate

ADOPT

REJECT

For the House

Rep





## MINORITY CONFERENCE COMMITTEE REPORT

on Senate Bill 381 Report No. 1, April 16, 1997

Page 1 of 1

Mr. President and Mr. Speaker:

We, the minority members of the Conference Committee on Senate Bill 381, wish to submit this minority report.

We oppose the exclusion of the "freedom of choice" provision as provided in Senate Bill 381 (reference copy - salmon).

RATIONALE: The freedom of choice measure should not be strictly interpreted as a "mandated benefit." It provides an avenue for consumers to access the provider that is most appropriate to meet their health needs in a cost-effective way. We opposed the conference committee motion to reverse the house action.

We recommend that the Conference Committee Report No. 1 not be adopted.

For the Senate:

Senator Eve Franklin

Amd. Coord.

Sec. of Senate

For the House:



**SB 38)** 810951CC.SRF

ADOPT

REJECT

| 1  | SENATE BILL NO. 381   |
|----|---|
| 2  | INTRODUCED BY BENEDICT, SIMON, AHNER, GRIMES, SWANSON, MILLER, BECK, WYATT  |
| 3  |   |
| 4  | A BILL FOR AN ACT ENTITLED: "AN ACT EXCLUDING THE APPLICABILITY OF MANDATED INSURANCE                             |
| 5  | BENEFIT PROVISIONS AND FREEDOM OF CHOICE OF PRACTITIONER PROVISIONS AND FREEDOM OF                                |
| 6  | CHOICE OF PRACTITIONER PROVISIONS FROM GROUP AND INDIVIDUAL UNIFORM HEALTH BENEFIT                                |
| 7  | PLANS; AMENDING SECTIONS 33-22-245 AND 33-22-522, MCA; AND PROVIDING AN IMMEDIATE                                 |
| 8  | EFFECTIVE DATE."  |
| 9  |   |
| 10 | BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:   |
| 11 |   |
| 12 | Section 1. Section 33-22-245, MCA, is amended to read:  |
| 13 | "33-22-245. Uniform health benefit plan individual. (1) Each insurer or health service corporation                |
| 14 | delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to an individual |
| 15 | shall make available a uniform health benefit plan providing the benefits and services required in subsection     |
| 16 | (2).  |
| 17 | (2) The uniform health benefit plan must:   |
| 18 | (a) provide coverage for the services and articles required by 33-22-1521(2);                                     |
| 19 | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                         |
| 20 | \$1,000 per person or \$2,000 per family;   |
| 21 | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket            |
| 22 | expenses for services covered; and  |
| 23 | (d) be subject to a maximum lifetime benefit of \$1 million.  |
| 24 | (3) Except as provided in this section, a health insurance issuer may exclude any category of                     |
| 25 | lisensed health care practitioner and ANY CATEGORY OF LICENSED HEALTH CARE PRACTITIONER AND                       |
| S  | any benefit or coverage for health care services otherwise required by law or rule from an individual uniform     |
| 27 | ath benefit plan delivered or issued for delivery in this state."   |
| 28 |   |
| 29 | Section 2. Section 33-22-522, MCA, is amended to read:  |
| 30 | "33-22-522. Uniform health benefit plan group. (1) Each insurer or health service corporation                     |



| 1  | delivering or issuing for delivery in this state a health benefit plan, as defined in 33-22-243, to a group shall |
|----|---|
| 2  | make available a uniform health benefit plan providing the benefits and services required in subsection (2).      |
| 3  | (2) The uniform health benefit plan must:   |
| 4  | (a) provide coverage for the services and articles required by 33-22-1521(2);                                     |
| 5  | (b) pay 50% of the covered expenses in excess of an annual deductible that may not exceed                         |
| 6  | \$1,000 per person or \$2,000 per family;   |
| 7  | (c) include a limitation of \$5,000 per person or \$7,500 per family on the total annual out-of-pocket            |
| 8  | expenses for services covered; and  |
| 9  | (d) be subject to a maximum lifetime benefit of \$1 million.  |
| 10 | (3) Except as provided in this section, a health insurance issuer may exclude any category of                     |
| 11 | licensed health care practitioner and ANY CATEGORY OF LICENSED HEALTH CARE PRACTITIONER AND                       |
| 12 | any benefit or coverage for health care services otherwise required by law or rule from an individual A           |
| 13 | GROUP uniform health benefit plan delivered or issued for delivery in this state."                                |
| 14 |   |
| 15 | NEW SECTION. Section 3. Effective date. [This act] is effective on passage and approval.                          |
| 16 | -END-   |

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