

SENATE No. 2395

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

SENATE, Thursday, November 13, 2014

The committee on Ethics and Rules, to whom was referred the House Bill relative to hospital indemnity insurance policies (House, No. 3730); reports, recommending that the same ought to pass with an amendment striking out all after the enacting clause and inserting in place thereof the text of Senate document numbered 2395.

For the committee,
Stanley C. Rosenberg

SENATE No. 2395

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In the Year Two Thousand Fourteen

1 SECTION 1. Section 1 of chapter 111M of the General Laws, as appearing in the 2012
2 Official Edition, is hereby amended by striking out, in lines 27 to 34, inclusive, the words “if
3 offered as independent, non-coordinated benefits which, for the purposes of this chapter, shall
4 mean policies issued under chapter 175 which provide a benefit not to exceed \$500 per day, as
5 adjusted on an annual basis by the amount of increase in the average weekly wages in the
6 commonwealth as defined in section 1 of chapter 152, to be paid to an insured or a dependent,
7 including the spouse of an insured, on the basis of a hospitalization of the insured or a
8 dependent” and inserting in place thereof the following words:- that provide a benefit to be paid
9 to an insured or a dependent, including the spouse of an insured, on the basis of a hospitalization
10 of the insured or a dependent, that are sold as a supplement and not as a substitute for a health
11 benefit plan and that meet any requirements set by the commissioner of insurance by regulation.

12 SECTION 2. Clause (3) of subsection (a) of subdivision 2 of section 108 of chapter 175
13 of the General Laws is hereby amended by striking out the words “which provide stand-alone
14 dental services”, as appearing in section 38 of chapter 35 of the acts of 2013, and inserting in
15 place thereof the following words:- that are not health benefit plans, as defined in section 1 of
16 chapter 176J.

17 SECTION 3. Said section 108 of said chapter 175 is hereby amended by inserting after
18 the word “sickness”, in line 641, as appearing in the 2012 Official Edition, the following words:-
19 insurance that is a health benefit plan, as defined in section 1 of chapter 176J,.

20 SECTION 4. Section 108L of said chapter 175, as so appearing, is hereby amended by
21 inserting after the word “insurance”, in line 3, the following words:- that is a health benefit plan,
22 as defined in section 1 of chapter 176J,.

23 SECTION 5. Section 110 of said chapter 175, as so appearing, is hereby amended by
24 striking out, in line 397 and in lines 409 and 410, the words “which provide stand-alone dental
25 services” and inserting in place thereof, in each instance, the following words:- that are not
26 health benefit plans, as defined in section 1 of chapter 176J,.

27 SECTION 6. Section 1 of chapter 176J of the General Laws is hereby amended by
28 striking out, in lines 180 to 186, inclusive, as so appearing, the words “if offered as independent,
29 non-coordinated benefits which for the purposes of this chapter shall mean policies issued under
30 chapter 175 which provide a benefit not to exceed \$500 per day, as adjusted on an annual basis
31 by the amount of increase in the average weekly wages in the commonwealth as defined in
32 section 1 of chapter 152, to be paid to an insured or a dependent, including the spouse of an
33 insured, on the basis of a hospitalization of the insured or a dependent” and inserting in place
34 thereof the following words:- that provide a benefit to be paid to an insured or a dependent,
35 including the spouse of an insured, on the basis of a hospitalization of the insured or a dependent,
36 that are sold as a supplement and not as a substitute for a health benefit plan and that meet any
37 requirements set by the commissioner by regulation.

SECTION 7. Section 1 of chapter 176O of the General Laws is hereby amended by striking out, in lines 36 and 37, as so appearing, the words “provides coverage solely for dental care services or visions care services” and inserting in place thereof the following words:- is not a health benefit plan, as defined in section 1 of chapter 176J.

SECTION 8. Section 21 of said chapter 176O, as so appearing, is hereby amended by striking out, in lines 70 to 74, inclusive, the words “does not qualify as creditable coverage as defined in section 1 of chapter 111M; provided, further, that “carrier” shall include an entity that offers a policy, certificate or contract that provides coverage solely for dental care services or visions care services” and inserting in place thereof the following words:- is not a health benefit plan, as defined in section 1 of chapter 176J.

SECTION 9. Section 1 of chapter 176Q of the General Laws is hereby amended by striking out, in lines 72 to 78, inclusive, as so appearing, the words “if offered as independent, non-coordinated benefits which for the purposes of this chapter shall mean policies issued under chapter 175 which provide a benefit not to exceed \$500 per day, as adjusted on an annual basis by the amount of increase in the average weekly wages in the commonwealth as defined in section 1 of chapter 152, to be paid to an insured or a dependent, including the spouse of an insured, on the basis of a hospitalization of the insured or a dependent” and inserting in place thereof the following words:- that provide a benefit to be paid to an insured or a dependent, including the spouse of an insured, on the basis of hospitalization of the insured or a dependent, that are sold as a supplement and not as a substitute for a health benefit plan and that meet any requirements set by the commissioner by regulation.