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## SENATE BILL 5611

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State of Washington 56th Legislature 1999 Regular Session

By Senators Thibaudeau, Kline, Prentice, Winsley and Costa; by request of Insurance Commissioner

Read first time 01/29/1999. Referred to Committee on Health & Long-Term Care.

- AN ACT Relating to medicare supplement insurance; and amending RCW
- 2 48.66.045.
- 3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:
- 4 **Sec. 1.** RCW 48.66.045 and 1995 c 85 s 3 are each amended to read 5 as follows:
- Every issuer of a medicare supplement insurance policy or certificate providing coverage to a resident of this state issued on or after January 1, 1996, shall:
- 9 (1) Issue coverage under its standardized benefit plans B, C, D, E,
- 10 F, and G without evidence of insurability to any resident of this state
- 11 who is eligible for both medicare hospital and physician services by
- 12 reason of age or by reason of disability or end-stage renal disease, if
- 13 the medicare supplement policy replaces another ((medicare supplement
- 14 standardized)) benefit plan, policy, or certificate ((B, C, D, E, F, or
- 15 G,)) or other ((more comprehensive)) coverage ((than the replaced
- 16 policy)). The replacing issuer shall waive any time periods applicable
- 17 to preexisting conditions in the medicare supplement contract for
- 18 similar benefits to the extent that similar exclusions have been
- 19 satisfied under the original coverage; and

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- (2) ((Issue coverage under its standardized plans A, H, I, and J without evidence of insurability to any resident of this state who is eligible for both medicare hospital and physician services by reason of age or by reason of disability or end-stage renal disease, if the medicare supplement policy replaces another medicare supplement policy or certificate which is the same standardized plan as the replaced policy; and
- (3)) Set rates only on a community-rated basis. Premiums shall be equal for all policyholders and certificate holders under a standardized medicare supplement benefit plan form, except that an issuer may develop no more than two rating pools that distinguish between an insured's eligibility for medicare by reason of:
- 13 (a) Age; or

14 (b) Disability or end-stage renal disease.

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