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2007 ASSEMBLY BILL 855

February 21, 2008 – Introduced by Representatives F. LASEE and NYGREN, cosponsored by Senators Darling and Schultz. Referred to Committee on Insurance.

AN ACT to amend 632.797 (1) (a) of the statutes; relating to: providing descriptions of claims that exceed \$10,000.

Analysis by the Legislative Reference Bureau

Under current law, an insurer is required, at the request of a policyholder of a group health insurance policy or an employer that provides health care coverage to its employees through a multiple-employer trust, to provide the policyholder or employer with the policyholder's or employer's aggregate group health claims experience for the current policy period and for up to two immediately preceding periods. The information need not be provided unless the policyholder or employer provides coverage for at least 50 individuals. This bill requires an insurer, when providing health claims experience information to a policyholder or employer, to include at the request of the policyholder or employer a separate description of any large or catastrophic claims exceeding \$10,000 that are included in the policyholder's or employer's aggregate group health claims experience.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

Section 1. 632.797 (1) (a) of the statutes is amended to read:

632.797 (1) (a) Except as provided in subs. (2) and (3), an insurer shall provide the policyholder of a group or blanket disability insurance policy, or an employer that

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provides health care coverage to its employees through a multiple-employer trust, with the policyholder's or the employer's aggregate group health claims experience for the current policy period, and for up to 2 policy periods immediately preceding the current policy period if the insurer provided coverage during those periods, upon request from the policyholder or employer. As part of the information required under this paragraph, an insurer shall, if a policyholder or employer so requests, include a separate description of any large or catastrophic claims exceeding \$10,000, or a higher amount at the request of the policyholder or employer, that are included in the policyholder's or employer's aggregate group health claims experience.

SECTION 2. Initial applicability.

(1) This act first applies to requests for aggregate group health claims experience that are made on the effective date of this subsection.

13 (END)