

FIRST REGULAR SESSION

HOUSE BILL NO. 1006

94TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVES MOORE (Sponsor), WALTON, RUCKER,
DEEKEN AND BRUNS (Co-sponsors).

Read 1st time February 28, 2007 and copies ordered printed.

D. ADAM CRUMBLISS, Chief Clerk

2519L.01I

AN ACT

To repeal section 103.085, RSMo, and to enact in lieu thereof one new section relating to the Missouri consolidated health care plan.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 103.085, RSMo, is repealed and one new section enacted in lieu thereof, to be known as section 103.085, to read as follows:

103.085. Except as otherwise provided by sections 103.003 to 103.175, medical benefits coverage as provided by sections 103.003 to 103.175 shall terminate when the member ceases to be an active employee; except persons receiving or entitled to receive an annuity or retirement benefit or disability benefit or the spouse of or unemancipated children of deceased persons receiving or entitled to receive an annuity or retirement benefit or disability benefit from the state, participating member agency, institution, political subdivision or governmental entity may elect to continue coverage, provided the individuals to be covered have been continuously covered for health care benefits:

(1) Under a separate group or individual policy for the six-month period immediately preceding the member's date of death or disability or eligibility for normal or early retirement; or

(2) Pursuant to sections 103.003 to 103.175, since the effective date of the most recent open enrollment period prior to the member's date of death or disability or eligibility for normal or early retirement; or

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

15 (3) From the initial date of eligibility for the benefits provided by sections 103.003 to
16 103.175; or

17 (4) **Within sixty days of a loss of group coverage, provided that such coverage was**
18 **in place for at least twelve consecutive months immediately prior to the loss and that such**
19 **loss was due to the dependent's termination of employment or termination of group**
20 **coverage by the dependent's employer. This subdivision only applies to qualifying**
21 **dependents of members receiving or entitled to receive an annuity or retirement benefit**
22 **from the state, participating member agency, institution, political subdivision, or**
23 **governmental entity.**

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25 Cost for coverage continued pursuant to this section shall be determined by the board. If an
26 eligible person does not elect to continue the coverage within thirty-one days of the first day of
27 the month following the date on which the eligible person ceases to be an employee, he or she
28 may not later elect to be covered pursuant to this section.

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