

CCS SS HCS HB 2596 -- HEALTH BENEFIT PLANS

This bill changes the definition of "multiple employer self-insured health plans" to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents.

Current law requires funds collected from participating employers under multiple employer self-insured health plans to be held in trust subject to certain requirements, including filing an annual report with the Director of the Department of Commerce and Insurance showing the condition and affairs of the plan. The bill modifies that requirement by adding the report must be in compliance with Section 375.041, RSMo, and also requires that the plan file a report with the director.

Additionally, current law requires health plans to establish loss reserves for incurred losses and unearned premiums, as well as surplus accounts equal to certain amounts. This bill requires the surplus accounts to be equal to the greater of the following:

- (1) \$600,000; or
- (2) An amount equal to two times the authorized control level risk-based capital.

Currently, certain health benefit plans are required to provide coverage for contraceptives lasting up to 90 days, or 180 days for generic self-administered hormonal contraceptives. Beginning January 1, 2027, the bill requires certain health benefit plans to cover a supply of self-administered hormonal contraceptives, including brand-name and generic contraceptives, for up to one year.

This bill contains a severability clause.