

December 31, 1982

SUBJECT: INSURANCE

WITHDRAWN

CIRCULAR LETTER NO. 32 (1982)

TO: ALL INSURERS LICENSED TO WRITE ACCIDENT AND HEALTH INSURANCE IN NEW YORK STATE, INCLUDING ARTICLE IX-C CORPORATIONS

RE: CHAPTER 509, LAWS OF 1982: COVERAGE FOR PREVENTIVE AND PRIMARY CARE SERVICES FOR NEWBORNS

Chapter 509, Laws of 1982 requires that every insurer issuing a group policy for delivery in this State which provides coverage for medical, surgical or major-medical care, must make available and if requested by the contractholder, or, with respect to Article IX-C corporations, if requested by all subscribers in a group remittance group, provide coverage for preventive and primary care services, rendered to a dependent child of an insured, from the date of birth through the attainment of one year of age.

Such coverage shall consist of at least the following:

Well-child visits to a physician and an initial hospital checkup: Benefits may not be limited to less than seven visits including the initial hospital checkup and no less than six well-child visits to a physician for the purpose of:

- a) Screening and early detection services supervised and performed by a physician: Benefits may not be limited to less than an initial history and follow-up histories of the child; height and weight and head and circumference measurements; sensory screening including developmental appraisals, physical examinations, discussion and counselling, nutritional assessments and gross screenings of sight, hearing and dental care; and testing for sickle cell anemia, PKU and hematocrit or Hgt. testing.
- b) Routine and necessary immunizations: Benefits may not be limited to less than five immunizations composed of three administrations of DPT vaccine and two administrations of TOPV vaccine.

Such coverage shall be made available at the inception of all new policies and with respect to policies issued before the effective date of Chapter 509 at the first annual anniversary date thereafter, without evidence of insurability, and at any subsequent anniversary date, subject to such evidence.

Chapter 509 of the Laws of 1982 permits the use of deductibles and coinsurance provisions in providing coverage for preventive and primary care services. There are many possible benefit structures utilizing deductible and coinsurance factors. Therefore, the Department is not at this time adopting specific standards for deductible and coinsurance provisions, however, the Department will review all contract and rider forms submitted for approval to determine if the benefit structure is appropriate and consistent with the benefit structure for other covered conditions.

Recognizing there is limited experience data for this particular benefit on which to base rates, the Department will accept the rate stated below as being reasonable for the addition of the benefit levels listed on page one when subject to

no deductible or coinsurance. Rates consistent with those below for coverage subject to deductible and coinsurance provisions will also be acceptable.

Monthly Premiums for the Addition of Statutory Preventive and Primary Care Services Benefits to
Group Health Insurance Policies with no Deductible or Coinsurance Provisions

Monthly Premium

Each Employee unit	
with dependents	\$ 1.30

Forms and rates to provide this coverage should be submitted to the Department for review and approval as soon as possible.

Very truly yours,

[SIGNATURE]

Albert B. Lewis

Superintendent of Insurance