

Existing law provides for the option of continuation of group health, blanket, and association services for surviving spouses age 50 or older in the event of death of the spouse who is the primary policyholder. Further provides that the spouse will be able to continue coverage by paying a premium price which shall be no more than it was during the life of the decedent spouse who was the employee-member and that coverage shall continue unless and until the surviving spouse no longer makes timely payments, becomes eligible for Medicare, becomes eligible for another health plan, or remarries.

New law retains existing law.

New law requires an insured who wishes to continue coverage to elect continuation on a form provided by the insurer and to pay the first month's premium in advance of the end of the month following the month in which the event that made employee or member eligible for coverage.

New law provides that if the dependent is eligible due to divorce, the event shall be deemed to have occurred on the date of the judgement of divorce.

Prior law provided that continuation may not include dental, vision care, or any other benefits provided under the group policy in addition to its hospital, surgical, or major medical benefits.

New law repeals prior law.

Effective January 1, 2013.

(Amends R.S. 22:1046(B), (C), (F), and (G)(3) and (4); Repeals R.S. 22:1046(E))