

HB1143\_L.007

## SENATE COMMITTEE OF REFERENCE REPORT

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Chairman of Committee\_\_\_\_\_  
DateCommittee on Health and Human Services.

After consideration on the merits, the Committee recommends the following:

HB09-1143 be amended as follows:

1 Amend reengrossed bill, page 3, before line 27, insert the following:

2           "(c) (I) EACH ENROLLEE WHO PARTICIPATES IN A LIMITED HEALTH  
3 BENEFIT PLAN SHALL SIGN THE FOLLOWING STATEMENT OF  
4 UNDERSTANDING INDICATING HIS OR HER UNDERSTANDING OF THE  
5 LIMITATIONS OF THE PLAN:

6                                   **STATEMENT OF UNDERSTANDING**

7           I, \_\_\_\_\_, UNDERSTAND THAT I AM ENROLLING IN A  
8 LIMITED HEALTH BENEFIT PLAN THAT CONTAINS A TOTAL MAXIMUM  
9 ANNUAL AMOUNT OF BENEFITS AVAILABLE TO ME AND MY COVERED  
10 DEPENDENTS EACH PLAN YEAR FOR BASIC HEALTH CARE SERVICES.

11           I UNDERSTAND THAT ONCE I RECEIVE THE TOTAL MAXIMUM  
12 AMOUNT OF BENEFITS UNDER THE LIMITED HEALTH BENEFIT PLAN IN  
13 A PLAN YEAR, I AM FULLY RESPONSIBLE FOR PAYING OUT-OF-POCKET  
14 FOR THE COSTS OR CHARGES FOR ANY HEALTH CARE SERVICES I OR MY  
15 COVERED DEPENDENTS RECEIVE DURING THE REMAINING PORTION OF  
16 THE PLAN YEAR.

17           I UNDERSTAND THAT I MAY EXHAUST MY TOTAL ANNUAL  
18 MAXIMUM BENEFIT AMOUNT WHILE I AM OR A COVERED DEPENDENT IS  
19 UNDERGOING TREATMENT FOR AN ILLNESS OR INJURY AND THAT I WILL  
20 BE RESPONSIBLE FOR PAYING THE COSTS OF TREATMENT PROVIDED  
21 AFTER I HAVE EXHAUSTED MY BENEFITS UNDER THE LIMITED HEALTH



1 **BENEFIT PLAN.**

2 **I UNDERSTAND THAT IF I EXHAUST MY TOTAL ANNUAL MAXIMUM**  
3 **BENEFIT AMOUNT IN A PLAN YEAR, I OR MY COVERED DEPENDENT MAY**  
4 **BE ELIGIBLE FOR THE STATE MEDICAID PROGRAM, THE COLORADO**  
5 **INDIGENT CARE PROGRAM, OR OTHER PUBLIC PROGRAMS, AND THAT**  
6 **IT IS SOLELY MY CHOICE AND RESPONSIBILITY TO INVESTIGATE MY**  
7 **OPTIONS AND ELIGIBILITY FOR PARTICIPATION IN ANY PUBLIC**  
8 **PROGRAM.**

9 \_\_\_\_\_  
10 **SIGNATURE OF ENROLLEE** **DATE**

11 (II) THE HEALTH MAINTENANCE ORGANIZATION SHALL RETAIN THE  
12 ORIGINAL, SIGNED STATEMENT OF UNDERSTANDING, SHALL PROVIDE A  
13 COPY TO THE ENROLLEE, AND SHALL MAKE THE STATEMENT AVAILABLE TO  
14 THE COMMISSIONER UPON REQUEST."

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