



**INFORMATIONAL MEMORANDUM
OIR-11-01M**

ISSUED

FEBRUARY 28, 2011

Florida Office of Insurance Regulation
Kevin M. McCarty, Commissioner

ALL LIFE AND HEALTH INSURERS AND HMOs

The purpose of this memorandum is to remind Florida Life and Health insurers and health maintenance organizations (HMOs) of the requirements of Section 627.6487, Florida Statutes, regarding guaranteed availability of individual health insurance coverage for eligible individuals.

Section 627.6487, Florida Statutes, and Rule 690-154.112, Florida Administrative Code, requires insurers and HMOs to offer health insurance coverage to eligible individuals who desire to enroll in individual health coverage without imposing preexisting conditions exclusion if the individual meets the following:

- Has 18 or more months of creditable coverage as defined in Section 627.6561(5) and (6), Florida Statutes;
- Whose most recent coverage was under a group health plan, governmental plan, or church plan or health insurance coverage offered in connection with any such plan; and
- Whose most recent coverage was under an individual plan, which coverage is terminated by the insurer or HMO due to insolvency or discontinuing the offering of all individual coverage in the State of Florida.

Coverage in the Cover Florida plan is issued by a health insurer or an HMO and is therefore creditable coverage for the purposes of Section 627.6487, Florida Statutes. Persons who have had their Cover Florida plan non-renewed or terminated qualify for guaranteed issue coverage in the Individual market if they have 18 or more months of creditable coverage.

If you have questions regarding the filing of revised contract forms, please contact Eric Lingswiler, Director of Life and Health Product Review, Florida Office of Insurance Regulation at eric.lingswiler@flor.com or (850) 413-5110.