Senate Bill 142
By: Senators Walker III of the 20th, Mullis of the 53rd, Jones of the 25th, Jackson of the 2nd, Miller of the 49th and others

## AS PASSED

## A BILL TO BE ENTITLED

AN ACT

To amend Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, so as to require that a statement indicating that the subscriber's health policy is fully insured is included on a subscriber's health insurance identification card; to provide for definitions; to provide for related matters; to provide for applicability; to repeal conflicting laws; and for other purposes.

## BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

## SECTION 1.

Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to insurance generally, is amended by revising Code Section 33-24-57.1, relating to health insurance identification cards, issue required, contents, updating, and social security numbers not to be displayed, as follows:
"33-24-57.1.
(a) As used in this Code section, the term:
(1) 'Dental insurer' means any person, firm, corporation, joint venture, or other similar business entity that offers dental health benefit plans in consideration of periodic payments.
(2) 'Fully insured' means any health policy in which all benefits payable are guaranteed under a contract or policy on insurance issued by an insurer authorized to transact business in this state.
(1)(3) 'Health policy' means any health care plan, dental plan, subscriber contract, or other policy plan or contract by whatever name called, including without limitation any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45; other than a disability income policy, a long-term care insurance policy, a medicare supplement policy, a health insurance policy written as a part of workers' compensation equivalent coverage, a specified disease policy, a credit insurance policy, a hospital indemnity policy, a limited accident policy, or other type of limited accident and sickness policy.
(2)(4) 'Insurer' means a health care corporation, health maintenance organization, preferred provider organization, dental insurer, accident and sickness insurer, fraternal benefit society, hospital service corporation, medical service corporation, health care corporation, health maintenance corporation, provider sponsored health care corporation, any similar entity authorized to issue contracts under this title, or the plan administrator of any health benefit plan established pursuant to Article 1 of Chapter 18 of Title 45.
(b) Each insurer writing a health policy in this state shall provide subscribers of such policies with an insurance identification card, which shall, at a minimum, contain the following preprinted, not handwritten, information:
(1) The subscriber's name and:
(A) The names of all other persons included under the subscriber's coverage; or
(B) If a separate card is issued for each person included under the subscriber's coverage, the name of the covered person for whom such card is issued may be listed in lieu of the information required by subparagraph (A) of this paragraph;
(2) The subscriber's identification number;
(3) The group number, if applicable;
(4) The effective date of coverage;
(5) The name of the subscriber's primary care physician, if applicable;
(6) The name of the subscriber's insurer, the name of the health plan, and the plan type or product name, if applicable;
(7) The address of the office where claims are to be filed;
(8) The insurer's contact phone numbers and the phone number for coverage confirmation and preauthorization, if applicable;
(9) The policy's requirements as to copayments, coinsurance payments, or deductibles, as applicable; and
(10) Either the name of the primary hospital and of the laboratory and radiology services to be used or a toll-free or local telephone number for contacting the health plan and obtaining such information. Such a toll-free or local telephone number shall be available to health care providers and consumers to obtain eligibility and coverage information from at least 7:00 A.M. until 9:00 P.M. daily on Monday through Friday, whether staffed by a live person or via an automated phone-line basis; and
(11) If the subscriber's health policy is fully insured, a statement indicating that the subscriber's health policy is regulated by the Commissioner, except that this requirement shall not apply to any licensed group model health maintenance organization with the exclusive medical group contract.
(c) Any insurance identification card which contains the information required by subsection (b) of this Code section in preprinted form may, at the option of the insurer,
additionally contain at least such information encoded on a magnetic strip or other electronic memory card.
(d) In addition to the information required by subsection (b) of this Code section, each insurance identification card provided under this Code section shall contain prescription drug coverage information, if applicable. Information provided pursuant to this subsection shall include:
(1) BIN number;
(2) Processor control number, if applicable; and
(3) Pharmacy help desk telephone number and names.
(e) So as to ensure that insurance identification cards issued under this Code section contain accurate and updated information, each insurer shall provide each subscriber with a new insurance identification card whenever any information required to be on the card is changed not later than 60 days after such change becomes effective. If the insurer issues annual renewal cards, it may issue a temporary sticker containing the new information in lieu of issuing a new card prior to the annual renewal date. Such sticker shall be so designed that it can be attached to the existing card.
(f) Insurance identification cards issued by any insurer under this Code section on and after July 1, 2004, shall not use or display the insured's social security number for any purpose or in any manner on such card."

## SECTION 2.

This Act shall apply to all insurance identification cards issued by an insurer on and after January 1, 2020.

## SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.

