

By Mrs. Hicks of Wayland, petition of Lucile P. Hicks, other members of the General Court and another relative to the continuation of insurance coverage for divorced spouses. Insurance.

**The Commonwealth of Massachusetts**

In the Year One Thousand Nine Hundred and Eighty-Four.

**AN ACT RELATIVE TO CONTINUATION OF COVERAGE FOR DIVORCED SPOUSES.**

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

1 Section 110 I of Chapter 175 of the General Laws, as most  
2 recently amended by Chapter 735 of the Acts of 1981, shall be  
3 further amended by adding after subsection (c), the following new  
4 subsection: —

5 (d) This section shall apply to health plans authorized under the  
6 provisions of Chapter thirty-two A and Chapter thirty-two B of the  
7 General Laws.

8 Section 8E of Chapter 176A of the General Laws, as most  
9 recently added by Chapter 734 of the Acts of 1981, is hereby  
10 amended by adding after it the following new section: —

11 A. In the event of the granting of a judgment absolute of divorce  
12 or of separate support to which a subscriber of a group non-profit  
13 hospital service contract, under the provisions of chapter thirty-  
14 two A or chapter thirty, is a party, the person who was the spouse  
15 of said subscriber prior to the issuance of such judgement shall  
16 remain eligible for continuing benefits under said contract, without  
17 additional premium or examination therefor, as if said judgment  
18 had not been entered; provided, however, that such eligibility shall  
19 not be required if said judgment so provides. Such eligibility shall  
20 continue through the subscriber's participation in the plan until the  
21 remarriage of either the subscriber or such spouse, or until such  
22 time as provided by said judgment.

23 *B.* In the event of the remarriage of the group contract sub-  
24 scriber referred to in subsection (a), the former spouse thereafter  
25 shall have the right, if so provided in said judgment, to continue  
26 such benefits under the contract as it existed at the time of said  
27 remarriage, by means of the addition of a rider to the family  
28 contract or the issuance of an individual contract either of which  
29 may be additional premium rates determined by the Commissioner  
30 of Insurance to be just and reasonable in light of the additional  
31 insuring risks involved.

32 *C.* The name, address and policy number of a person eligible for  
33 health insurance pursuant to subsections (a) or (b), if available  
34 shall be forwarded by such non-profit hospital service corporation  
35 to the Department of Public Welfare within thirty days of the date  
36 when coverage of said person under said subsections is com-  
37 menced.

38 *D.* This section shall apply to health plans authorized under the  
39 provisions of Chapter thirty-two A and Chapter thirty-two B of the  
40 General Laws.

41 Section 4E of Chapter 176B of the General Laws, as most  
42 recently added by Chapter 734 of the Acts of 1981, is hereby  
43 amended by adding after it the following new section: —

44 *A.* In the event of the granting of a judgment absolute of divorce  
45 or of separate support to which a subscriber of a group non-profit  
46 medical service plan is a party, the person who was the spouse of  
47 said subscriber prior to the issuance of such judgment shall remain  
48 eligible for continuing benefits under said plan, without additional  
49 premium or examination therefor, as if said judgment had not been  
50 entered; provided, however, that such eligibility shall not be  
51 required if said judgment so provides. Such eligibility shall con-  
52 tinue through the subscriber's participation in the plan until the  
53 remarriage of either the subscriber or such spouse, or until such  
54 time as provided by said judgment.

55 *B.* In the event of the remarriage of the group plan subscriber  
56 referred to in subsection (a), the former spouse thereafter shall  
57 have the right, if so provided in said judgment, to continue such  
58 benefits under the plan as it existed at the time of said remarriage,  
59 by means of the addition of a rider to the family plan or the  
60 issuance of an individual plan either of which may be at additional

61 premium rates determined by the Commissioner of Insurance to be  
62 just and reasonable in light of the additional insuring risks  
63 involved.

64 C. The name, address, and policy number of a person eligible  
65 for health insurance coverage pursuant to subsections (a) and (b), if  
66 available, shall be forwarded by such non-profit medical service  
67 corporation to the Department of Public Welfare within thirty  
68 days of the date when coverage of said person under said subsec-  
69 tions is commenced.

70 D. This section shall apply to health plans authorized under the  
71 provisions of Chapter thirty-two A and Chapter thirty-two B of the  
72 General Laws.

73 Section 4 of Chapter 176G of the General Laws, as most recently  
74 added by Chapter 454 of the acts of 1976, is hereby amended by  
75 adding after it the following new section: —

76 A. In the event of the granting of a judgment absolute of divorce  
77 or of separate support to which a member of a group health  
78 maintenance contract is a party, the person who was the spouse of  
79 said member prior to the issuance of such judgment shall remain  
80 eligible for continuing benefits under said health maintenance  
81 contract, without additional premium or examination therefor, as  
82 if said judgment had not been entered; provided, however, that  
83 such eligibility shall not be required if said judgment so provides.  
84 Such eligibility shall continue through the member's participation  
85 in the health maintenance organization until the remarriage of  
86 either the member or such spouse, or until such time as provided by  
87 said judgment.

88 B. In the event of the remarriage of the member referred to in  
89 subsection (a), the former spouse thereafter shall have the right, if  
90 so provided in said judgment, to continue such benefits under the  
91 health maintenance contract as it existed at the time of said remar-  
92 riage, by means of the addition of a rider to the family contract or  
93 the issuance of an individual contract either of which may be at  
94 additional premium rates determined by the Commissioner of  
95 Insurance to be just and reasonable in light of the additional  
96 insuring risks involved.

97 C. The name, address and policy number of a person eligible for  
98 health insurance pursuant to subsections (a) or (b), if available,

99 shall be forwarded by such health maintenance organization to the  
100 Department of Public Welfare within thirty days of the date when  
101 coverage of said person under said subsections is commenced.

102 *D.* This section shall apply to health plans authorized under the  
103 provisions of Chapter thirty-two A and Chapter thirty-two B of the  
104 General Laws.