

**SUBSTITUTE FOR  
SENATE BILL NO. 636**

A bill to amend 1956 PA 218, entitled  
"The insurance code of 1956,"  
by amending section 2212a (MCL 500.2212a), as amended by 2023 PA  
161.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1           Sec. 2212a. (1) An insurer that delivers, issues for delivery,  
2 or renews in this state a health insurance policy shall provide a  
3 written summary of the health insurance policy in plain English to  
4 insureds. The written summary must provide a clear, complete, and  
5 accurate description of all of the following, as applicable:

6           (a) Uniform definitions of standard insurance terms and  
7 medical terms so that a consumer may compare health coverage and  
8 understand the terms of, or exceptions to, the consumer's coverage,



1 in accordance with the most recent guidance issued by the United  
2 States Department of Health and Human Services.

3 (b) A description of the coverage, including cost sharing, for  
4 each category of benefits in the most recent guidance issued by the  
5 United States Department of Health and Human Services.

6 (c) The exceptions, reductions, and limitations of the health  
7 insurance policy.

8 (d) The cost-sharing provisions of the coverage, including  
9 deductible, coinsurance, and copayment obligations.

10 (e) The renewability and continuation of coverage provisions.

11 (f) Coverage examples.

12 (g) A statement about whether the health insurance policy  
13 provides minimum essential coverage as defined under section  
14 5000A(f) of the internal revenue code of 1986, 26 USC 5000A, and  
15 whether the health insurance policy's share of the total allowed  
16 costs of benefits provided under the health insurance policy meets  
17 applicable requirements.

18 (h) A statement that the summary is only a summary and that  
19 the health insurance policy should be consulted to determine the  
20 governing contractual provisions of the coverage.

21 (i) Contact information for questions.

22 (j) An internet web address where a copy of the actual  
23 individual coverage policy or group certificate of coverage can be  
24 reviewed and obtained.

25 (k) For insurers that maintain 1 or more networks of  
26 providers, instructions for obtaining a list of network providers.

27 (l) For insurers that use a formulary in providing prescription  
28 drug coverage, instructions for obtaining information on  
29 prescription drug coverage.



1 (m) Instructions for obtaining the uniform glossary, as  
2 described in subdivision ~~(e)~~, **(a)**, and a contact telephone number  
3 to obtain a paper copy of the uniform glossary, and a disclosure  
4 that paper copies are available.

5 **(n) As directed by the department, any other information**  
6 **required by the exchange created under the Michigan health**  
7 **insurance exchange act.**

8 (2) An insurer, or a group health plan to the extent the group  
9 health plan has contractually agreed to distribute the written  
10 summary under subsection (1), shall provide the written summary  
11 under subsection (1) as follows:

12 (a) To the applicant not later than 7 business days after the  
13 date of the receipt of the application.

14 (b) By the first date of coverage if the information provided  
15 at the time of application has changed.

16 (c) To the insured not later than 30 days after the effective  
17 date of a renewal of the policy.

18 (d) On request of the insured, not later than 7 days after the  
19 request.

20 (3) An insurer shall provide on request to insureds covered  
21 under a policy issued under section 3405 a clear, complete, and  
22 accurate description of any of the following information that has  
23 been requested:

24 (a) The current provider network in the service area,  
25 including names and locations of affiliated or participating  
26 providers by specialty or type of practice, a statement of  
27 limitations of accessibility and referrals to specialists, and a  
28 disclosure of which providers will not accept new subscribers.

29 (b) The professional credentials of affiliated or



1 participating providers, including, but not limited to, affiliated  
2 or participating providers who are board certified in the specialty  
3 of pain medicine and the evaluation and treatment of pain and have  
4 reported that certification to the insurer, including all of the  
5 following:

6 (i) Relevant professional degrees.

7 (ii) Date of certification by the applicable nationally  
8 recognized boards and other professional bodies.

9 (iii) The names of licensed facilities on the provider panel  
10 where the provider currently has privileges for the treatment,  
11 illness, or procedure that is the subject of the request.

12 (c) The licensing verification telephone number for the  
13 department of licensing and regulatory affairs that can be accessed  
14 for information as to whether any disciplinary actions or open  
15 formal complaints have been taken or filed against a health care  
16 provider in the preceding 3 years.

17 (d) Any prior authorization requirements and any limitations,  
18 restrictions, or exclusions, including, but not limited to, drug  
19 formulary limitations and restrictions by category of service,  
20 benefit, and provider, and, if applicable, by specific service,  
21 benefit, or type of drug.

22 (e) The financial relationships between the insurer and any  
23 closed provider panel, including all of the following as  
24 applicable:

25 (i) Whether a fee-for-service arrangement exists, under which  
26 the provider is paid a specified amount for each covered service  
27 rendered to the participant.

28 (ii) Whether a capitation arrangement exists, under which a  
29 fixed amount is paid to the provider for all covered services that



1 are or may be rendered to each covered individual or family.

2 (iii) Whether payments to providers are made based on standards  
3 relating to cost, quality, or patient satisfaction.

4 (f) A telephone number and address to obtain from the insurer  
5 additional information concerning the items described in  
6 subdivisions (a) to (e).

7 (4) On request, any of the information provided under  
8 subsection (3) must be provided in writing. An insurer may require  
9 that a request under subsection (2) be submitted in writing.

10 (5) A health insurer shall not deliver or issue for delivery a  
11 policy of insurance to any person in this state unless all of the  
12 following requirements are met:

13 (a) The style, arrangement, and overall appearance of the  
14 policy do not give undue prominence to any portion of the text.  
15 Every printed portion of the text of the policy and of any  
16 endorsements or attached papers must be plainly printed in light-  
17 faced type of a style in general use, the size of which must be  
18 uniform and not less than 10-point with a lowercase unspaced  
19 alphabet length, not less than 120-point in length of line. As used  
20 in this subdivision, "text" includes all printed matter except the  
21 name and address of the insurer, **the** name or title of the policy,  
22 the brief description, if any, and captions and subcaptions.

23 (b) Except as otherwise provided in this subdivision or except  
24 as provided in sections 3406 to 3452, exceptions and reductions of  
25 indemnity are set forth in the policy and are printed, at the  
26 insurer's option, with the benefit provision to which they apply or  
27 under an appropriate caption such as "EXCEPTIONS" or "EXCEPTIONS  
28 AND REDUCTIONS". If an exception or reduction of indemnity  
29 specifically applies only to a particular benefit of the policy, a



1 statement of the exception or reduction must be included with the  
2 benefit provision to which it applies.

3 (c) Each form, including riders and endorsements, is  
4 identified by a form number in the lower left-hand corner of the  
5 first page of the form.

6 (d) The policy contains no provision that purports to make any  
7 portion of the charter, rules, constitution, or bylaws of the  
8 insurer a part of the policy unless the portion is set forth in  
9 full in the policy. This subdivision does not apply to the  
10 incorporation of or reference to a statement of rates,  
11 classification of risks, or short-rate table filed with the  
12 director.

13 (6) Subject to section 2266, the information required under  
14 this section may be provided electronically.

15 (7) As used in this section, "board certified" means certified  
16 to practice in a particular medical or other health professional  
17 specialty by the American Board of Medical Specialties, the  
18 American Osteopathic Association Bureau of Osteopathic Specialists,  
19 or another appropriate national health professional organization.

20 Enacting section 1. This amendatory act does not take effect  
21 unless Senate Bill No. 633 of the 102nd Legislature is enacted into  
22 law.

