

336 covered benefit.

337 (6) If a policy excludes coverage for the diagnosis and treatment of autism spectrum  
 338 disorders, the insurer may not deny a claim for a procedure or service that is otherwise covered  
 339 in the accident and health insurance policy ~~§~~→ [based on the diagnosis of an autism spectrum  
 340 disorder;] ←~~§~~ unless the ~~§~~→ autism spectrum disorder is the primary diagnosis or reason for  
 340a the service or procedure in the ←~~§~~ particular claim ~~§~~→ [is directly related to the autism spectrum  
 340b disorder] ←~~§~~ .

341 Section 7. Section 31A-22-613.5 is amended to read:

342 **31A-22-613.5. Price and value comparisons of health insurance.**

343 (1) (a) This section applies to all health benefit plans.

344 (b) Subsection (2) applies to:

345 (i) all health benefit plans; and

346 (ii) coverage offered to state employees under Subsection 49-20-202(1)(a).

347 (2) (a) The commissioner shall promote informed consumer behavior and responsible  
348 health benefit plans by requiring an insurer issuing a health benefit plan to:

349 (i) provide to all enrollees, prior to enrollment in the health benefit plan written  
350 disclosure of:

351 (A) restrictions or limitations on prescription drugs and biologics including:

352 (I) the use of a formulary;

353 (II) co-payments and deductibles for prescription drugs; and

354 (III) requirements for generic substitution;

355 (B) coverage limits under the plan; and

356 (C) any limitation or exclusion of coverage including:

357 (I) a limitation or exclusion for a secondary medical condition related to a limitation or  
358 exclusion from coverage; and

359 (II) easily understood examples of a limitation or exclusion of coverage for a secondary  
360 medical condition; and

361 (ii) provide the commissioner with:

362 (A) the information described in Subsections 31A-22-635(5) through (7) in the  
363 standardized electronic format required by Subsection 63M-1-2506(1); and

364 (B) information regarding insurer transparency in accordance with Subsection (4).

365 (b) An insurer shall provide the disclosure required by Subsection (2)(a)(i) in writing to  
366 the commissioner: