

## Personal Lines

## Michigan no-fault reform notable changes and provisions\*

TOPIC	DETAIL
Key dates	• July 26, 2019 (new business), August 25, 2019 (renewal) — Citizens/Hanover form changes removing non–family members and non–residents from definition of insured take effect.
	<ul> <li>July 2020 — Statutorily required PIP medical coverage options, PIP average rate reductions, increased BI minimum limit and rating/underwriting limitations take effect.</li> </ul>
	July 2021 — Statutory medical fee schedule and attendant care hourly limits take effect.
	July 2028 — Statutorily mandated average PIP rate reduction requirement ends.
Personal injury protection	Unlimited
(PIP) medical coverage options**	• \$500,000***
op.no.no	• \$250,000***
	• \$50,000*** — Medicaid required on at least one named insured <sup>1</sup>
	Opt out — Medicare A&B required on at least one named insured¹
	• Healthcare exclusion — available to individuals with a "qualified" health plan²
** All carriers are statutorily required to offer all options	<sup>1</sup> Any resident household member that is not on Medicaid (\$50K option) or Medicare (opt-out option) must maintain a qualifying health plan or a no-fault policy from another carrier to qualify for this coverage option
*** Limit applies to medical portion of loss and applies <u>per individual</u> , per claim	<sup>2</sup> A qualified health plan must not exclude or limit coverage for auto-accident related injuries and must not contain a deductible higher than \$6,000
Statutorily mandated PIP	• Unlimited: 10%
average rate reductions	• \$500,000: 20%
	• \$250,000: 35%
	• \$50,000: 45%
	Opt out: 100% medical
(Reductions based on rates in effect on May 1, 2019)	Healthcare exclusion — 100% off medical (for household members that qualify and elect to exclude)
Rating prohibitions	Gender, marital status, home ownership, education, occupation, credit score and postal zone
Underwriting limitations	<ul> <li>Insurers are prohibited from declining, cancelling, non-renewing, limiting coverage, charging, reinstatement fees, or increasing premiums to eligible persons solely based on failure to maintain insurance before January 1, 2022.</li> </ul>
Bodily injury (BI) minimum limits	Minimum BI limit is increased from \$20K/\$40 (per person/per accident) to \$50K/\$100K.
	Default minimum is \$250K/\$500K, policyholder must sign election form to select lower limit.
Medical fee schedule	• 200–250% of Medicare fee schedule, based on statutorily created criteria.
(Phased in over 2 years beginning July 2021)	Statutorily created reimbursement rates for services not included in Medicare fee schedule.

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Other claims highlights	<ul> <li>"Order of priority" changes transfer most uninsured occupants and non-occupants (e.g. pedestrians) to the MACP and exclude some non-Michigan residents.</li> <li>Tort language broadened to allow lawsuits for economic damages in excess of PIP coverage.</li> <li>Family attendant care limited to 56 hours per week. Carriers are permitted to negotiate additional hours.</li> <li>Additional requirements for independent medical examinations.</li> </ul>
Other	<ul> <li>Automobile Insurance Fraud Unit created within the Department of Insurance and Financial Services (DIFS) to investigate and refer cases for prosecution. Allows fines and criminal penalties for fraudulent insurance acts.</li> <li>Michigan Assigned Claims Plan (MACP): Most medical losses limited to \$250K coverage. Mandatory procedural changes designed to improve claimant cooperation.</li> <li>Carriers allowed to offer a "managed care" option.</li> </ul>

\*Note: The above summary includes some of the key items that were contained within the bills that comprise the 2019 no-fault reform. For all of the specifics, please refer to S.B. 1 and H.B. 4397. Please also be aware that H.B. 4397 makes certain changes to S.B. 1 – the two bills together comprise the 2019 no-fault reform, and to the extent that the two conflict, H.B. 4397 replaces the conflicting language in S.B. 1.

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