

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter St., NE
Salem, Oregon 97301-3883
Phone: (503) 947-7983

**TRANSMITTAL AND REQUIREMENTS FOR
MODIFICATION AND DISCONTINUANCE OF HEALTH BENEFIT PLANS
as defined in ORS 743.730(19)(a)**

Date: _____ NAIC No: _____

Insurer name: _____

Filing entity name (if not insurer): _____
If not the insurer, a letter of authorization must be included in the filing.

Contact person's name: _____

Title: _____

Mailing address: _____

Toll-free/collect phone no.: _____

Email address: _____

Effective date: _____

Department Action:

Approved;
Limitations _____

Processed as Information

Withdrawn

Disapproved;
Reason: _____

Action Date: _____

Effective Date: _____
If different from action date

Analyst: _____

State Filing No.: _____

This filing is submitted for:

MODIFICATION – OAR 836-053-0001 (complete Section I, III, and IV)

DISCONTINUANCE – ORS 743.737; 743.754; 743.766; 743.760 (complete Section II, III, and IV)

Patient Protection Affordability Care Act (PPACA)

Plan(s) are:

Non-Grandfathered

Grandfathered

If grandfathered the plans are:

Losing Grandfathered status

Maintaining Grandfathered status

The following is a checklist of standards to help carriers make a complete filing in compliance with relevant statutes and rules. In some cases, the statements contained in this form are summaries and it may be necessary to refer to the entire statute or rule. The filer's signature on the certification form is confirmation that diligent consideration has been given each item. In the case of modification, replacement rates and forms must be submitted with this transmittal document.

I. MODIFICATION – OAR 836-053-0001

- A modification is a change or changes that alter the actuarial valuation of the health benefit plan less than 10% in the aggregate to the policyholder.
- Modifications can only be implemented at the time of renewal.
- A notice explaining all changes must be sent to all policyholders at least 30 days prior to their renewal date. OAR 836-053-0001(3)

1. Please select the type(s) of health plan involved

- Small employer group health benefit plan
- Large group health benefit plan
- Individual health benefit plan
- Portability health benefit plan

2. Please select the type of modification that applies:

- Eliminating or adding benefits or services payable in a health benefit plan
- Increasing or decreasing benefits payable or services under a plan, including a decrease or increase that occurs as a result of a change in formulas, methodologies or schedules that serve as the basis for making benefit determinations.
- Increasing or decreasing deductibles, copayments or other amounts to be paid by an enrollee.
- Establishing new conditions or requirements such as preauthorization requirements to obtain services or benefits under the plan or eliminating such conditions or requirements.

3. ORS 742.003(4) Prior to issuing notices:

- a) Include a copy of the notice that will be sent to policyholders at renewal advising them of the modification(s) to their plan.
- b) In the case of a group plan, if a carrier plans to notify subscribers, include a copy of the notice that advises them of the modification(s) to their plan at renewal.
- c) For Individual plan modifications, include a copy of the notice that will be sent to policyholders.

Continue to Section III.

II. DISCONTINUANCE – ORS 743.737; 743.754; 743.766; 743.760

1. Please select the type of health plan involved:

- Small employer health benefit plan
- Large employer health benefit plan
- Individual health benefit plan
- Portability health benefit plan

If a carrier is discontinuing all of the group products in this state, a separate Portability discontinuance filing must be submitted. If there are no other group products and as a result, Portability plans cannot be continued, carriers may offer enrollees their Individual plans with no health status underwriting as well as the option to obtain coverage through the Oregon Medical Insurance Pool (OMIP).

2. Does the carrier have other “group” products in this state? Yes No

a) If yes, small large both large and small group

3. Corresponding portability plan(s) discontinuation filing is included under separate cover. If a Portability discontinuation filing is not included in this filing or under separate cover, please explain why:

4. Does the carrier have “individual” products in this state? Yes No

a.) If yes, will the carrier offer the portability members the individual plan

- without medical underwriting
- with medical underwriting

5. The carrier is discontinuing offering or renewing, or offering and renewing **all** health benefit plans in specified area(s) within Oregon. Which counties are affected?

6. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in Oregon.

7. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in specified area(s) within Oregon. Which counties are affected? (closed block)

8. ORS 742.003(4) Prior to issuing notices:

- Provide a copy of the notice to DCBS for review prior to issuing the notices to the policyholders. The notices must provide detailed information regarding the policyholder’s options.

III. REQUIRED SUPPORTING DOCUMENTATION

List all plans being discontinued or modified and provide the number of policyholders in each plan involved. (Attach an additional page if needed)

<u>Plan and Form Number</u>	<u>Grandfathered</u> Yes/No	<u>Name</u>	<u># of Insured Lives</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Items required in filing, whether modification or discontinuance:

1. An actuarial demonstration describing the changes in benefits and/or rates.
2. Include a chart showing claim cost percentages of premium for all the added or discontinued benefits and/or services and the sum of the changes. Note: the idea here is to prove a modification (less than 10%) or discontinuance (more than 10%). The same service can have different dollar values depending on other provisions such as deductibles. We need the overall effect, best stated as a percentage including the percentage for each item in the list that represents the items' portion of the total premium. **If this information is not included in the filing, please provide a written explanation.**
3. Provide a description of the data (source and time period) used to develop the value for the benefits and/or services.
4. A list of the changes in the modification including a side-by-side comparison showing the previous benefit structure compared to the new benefit structure.
5. A side-by-side comparison showing the new plan that will be closest to the discontinued.
6. Language changes that constitute a benefit or service change must be included in the side-by-side comparison.
7. Provide a statement as to why the changes are needed.

Carriers are subject to a 5-year ban from the Oregon market product line they elect to discontinue.

**Small Employer ORS 743.736(12)
Large Group ORS 743.752(2)**

**Individual ORS 743.769(6)
Portability ORS 743.760(9)(c)**

440-2896 (7/10/INS)