

Article - Insurance

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§15–1309.

(a) (1) In this section the following words have the meanings indicated.

(2) “Plan” means, with respect to a carrier and a product, the pairing of the health benefits under the product with a particular cost–sharing structure, provider network, and service area.

(3) (i) “Product” means a discrete package of health benefits that a carrier offers using a particular product network type within a geographic service area.

(ii) “Product” comprises all plans offered within the product.

(4) “Uniform modification of coverage” means a change to a health benefit plan that:

(i) 1. is made in accordance with a State or federal requirement;
and

2. is effective uniformly for all individuals with the same product; or

(ii) meets all of the following requirements:

1. the product is offered by the same carrier;
2. the product is offered as the same network type, such as preferred provider, exclusive provider, closed health maintenance organization plan, or health maintenance organization plan with point of service benefits;

3. the product continues to cover at least a majority of the same service area;

4. within the product, each plan has the same cost–sharing structure as before modification, except:

A. for any variation in cost sharing solely related to changes in cost and utilization of medical care; or

B. to maintain the same metal tier level described in § 1302(d) and (e) of the Affordable Care Act;

5. the product provides the same covered benefits, except for any changes in benefits that cumulatively impact the rate for any plan within the product within an allowable variation of plus or minus 2 percentage points; and

6. the modification is effective uniformly for all individuals with the same product.

(b) Changes in benefits made to comply with federal or State requirements are not subject to the plus or minus 2 percentage points referenced in subsection (a)(4)(ii)5 of this section.

(c) The combination of all plans offered with a product constitutes the total service area of the product.

(d) (1) With respect to a plan that has been modified at the time of coverage renewal consistent with this section, the plan shall be considered to be the same plan if:

(i) 1. the plan has the same cost-sharing structure as before the modification; or

2. any variation in cost sharing:

A. is solely related to changes in cost or utilization of medical care; or

B. is to maintain the same metal level described in § 1302(d) and (e) of the Affordable Care Act;

(ii) the plan continues to cover a majority of the same service area; and

(iii) the plan continues to cover a majority of the same provider network.

(2) Notwithstanding paragraph (1) of this subsection, the plan shall be considered to be the same plan to the extent that the modifications are:

(i) made uniformly and solely as a result of a federal or State requirement;

(ii) made within a reasonable time period after the imposition or modification of the federal or State requirement; and

(iii) directly related to the imposition or modification of the federal or State requirement.

(e) Except as provided in subsection (f) of this section, a carrier shall renew an individual health benefit plan at the option of the eligible individual.

(f) A carrier may not cancel or refuse to renew an individual health benefit plan except:

- (1) for nonpayment of the required premiums;
- (2) where the individual has performed an act or practice that constitutes fraud;
- (3) where the individual has made an intentional misrepresentation of material fact under the terms of the coverage;
- (4) where the carrier elects not to renew all of its individual health benefit plans in the State in accordance with this article;
- (5) where the individual no longer resides, lives, or works in the service area, provided that:
 - (i) the coverage is terminated under this provision uniformly without regard to any health status–related factor of covered individuals; and
 - (ii) notice of the termination is provided to the individual at least 90 calendar days before the date coverage will be terminated; or
- (6) for individual health benefit plans that are not grandfathered health plans, as defined in 45 C.F.R. § 147.140, where a carrier discontinues offering a particular product in the individual market, if the carrier:
 - (i) at least 90 days before discontinuation of the product, provides notice of the discontinuation to each individual provided coverage under the product;
 - (ii) offers each individual provided coverage under the product the option to purchase any other individual health benefit plan coverage offered by the carrier for individuals in the State; and
 - (iii) acts uniformly without regard to any health status–related factor of enrolled individuals or individuals who may become eligible for the coverage.
- (g) A carrier may make a uniform modification of coverage for a product only at the time of renewal of the health benefit plan.
- (h) A carrier shall provide notice of renewal or uniform modification of coverage for:
 - (1) grandfathered health plan coverage, at least 60 days before the date the coverage will be renewed; and
 - (2) a health benefit plan that is not grandfathered health plan coverage, before the date of the first day of the next annual open enrollment period, in a form and manner specified by the Secretary of Health and Human Services.

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