

Department of Consumer and Business Services
Oregon Division of Financial Regulation
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**TRANSMITTAL AND REQUIREMENTS FOR
MODIFICATION AND DISCONTINUANCE OF HEALTH BENEFIT PLANS**

Date: _____

Filing entity name (if not insurer): _____

If not the insurer, a letter of authorization must be included in the filing.

Contact person's name: _____

Contact person's title: _____

Mailing address: _____

Telephone no.: _____

E-mail address: _____

This filing is submitted for:

UNIFORM MODIFICATION OF COVERAGE – OAR 836-053-0002

(complete Sections I, III, and V)

DISCONTINUANCE – OAR 836-053-0002, ORS 743B013; 743B.105; 743B.125; 45 C.F.R. § 148.122,

(complete Sections II, IV, and VI)

The following is a checklist to help carriers make a complete filing in compliance with relevant statutes and rules. In some cases, 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.

Individual

Grandfathered

Small Group

Non-Grandfathered (Pre-2014)

Large Group

Non-Grandfathered (Metal Level Plans)

Note: CMS model notices and OID provided Oregon-specific notices do not have to be filed.

I. UNIFORM MODIFICATION OF COVERAGE – 45 CFR 147.106(e)

Read and complete either number one or number two below. The type of uniform modification will only be applicable under one of the two numbers. If both numbers are completed, the filing will be rejected.

1. Uniform modifications of coverage due to federal or state requirements

- The modifications are made uniformly and solely pursuant to applicable federal or state requirements are considered a uniform modification of coverage.
- The modification must be made within a reasonable time period after the imposition or modification of the federal or state requirement. Please provide the date of the imposition or modification of the federal or state requirement: _____
 - The modification is directly related to the imposition or modification of the federal or state requirement. Provide a brief description of the requirement:

2. Uniform modifications of coverage – OTHER

- The modification is *not* due to federal or state requirements but meets **all** of the following criteria.
- The modifications are made uniformly to all plans within a product
 - The product is offered by the same health insurance issuer
 - The product is offered as the same product network type (EPO, POS, PPO)
 - The product continues to cover at least a majority of the same service area
 - Within the product, each plan has the same cost-sharing structure as before, except for any variation in cost sharing solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level
 - The product provides the same covered benefits, except for any changes in benefits that cumulatively impact the plan adjusted index rate for any plan within the product within an allowable variation of +/- 2 percentage points

Important: A modification to the maximum out-of-pocket amount that results in a change of greater than the allowable +/-2 percentage points is a discontinuance.

II. DISCONTINUANCE – OAR-836-053-0002

Select the applicable reason for product discontinuance below and answer questions 1 - 5.

- One or more decreases or increases in the services or benefits covered in a health benefit plan when the change alters the level of coverage as defined in 42 U.S.C. 18022(d)
- The product network type is changing (e.g. EPO, POS, PPO)
- The product does not cover the majority of the same service area
- Within the product, the cost sharing structure of a plan or multiple plans has changed. The change in cost sharing structure is not solely related to changes in cost and utilization of medical care, or to maintain the same metal tier level
- The product does not cover the same benefits
- Changes to the adjusted index rate are greater than the allowable variation of +/- 2 percentage points

1. Does the carrier have other group products in this state?

Yes No

If yes, select: Small group Large group Both large and small group

2. Does the carrier have other individual health products in this state?

Yes No

3. The carrier is discontinuing offering and renewing all health benefit products in specified areas within Oregon.

Yes No

If yes, list all affected counties: _____

4. The carrier is discontinuing offering or renewing a health benefit product in Oregon.

Yes No

5. The carrier is discontinuing offering or renewing a health benefit product in a closed block in specified areas within Oregon.

Yes No

If yes, list all affected counties: _____

<p>Carriers will be subject to a ban of up to five years in the Oregon market in which a carrier elects to discontinue all plans (Small group: ORS 743B.012; Individual: ORS 743B.126; OAR 836-053-0014 (temporary))</p>

III. REQUIRED SUPPORTING DOCUMENTATION FOR UNIFORM MODIFICATION FILINGS

The following items must be completed and submitted under the Supporting Documentation tab in SERFF. If items are missing or incomplete, the filing may be rejected.

- A detailed list of all plans offered under each product for the upcoming year
- A detailed list of the added or discontinued benefits for each product

IV. REQUIRED SUPPORTING DOCUMENTATION FOR UNIFORM MODIFICATION FILINGS

The following items must be completed and submitted under the Supporting Documentation tab in SERFF. If items are missing or incomplete, the filing may be rejected.

If products are being discontinued:

- A list of all products being discontinued

If plans are being discontinued:

- A mapping document titled UNIFORM MODIFICATION MAPPING is attached under the Supporting Documentation tab in SERFF. The document is a side-by-side comparison showing the new plan that will be closest to the plan being discontinued under the product. The plans should be listed by HIOS ID number.

V. REQUIRED ATTESTATIONS FOR UNIFORM MODIFICATIONS

The company complies with the uniform modification notice requirement found in 45 CFR 147.106(f)

Modifications to the products comply with 45 CFR 147.106(e)(2) or 45 CFR 147.106(e)(3)

All plans within the product are being modified uniformly

Uniform modifications made solely pursuant to changes in federal or state regulations have been made within a reasonable time period

The product maintains the majority of the service area

If modifying grandfathered coverage:

The company complies with the uniform modification notice requirement found in 45 CFR 146.152(h)

Signature of authorized company representative

Date

If filing a Uniform Modification of Coverage – Other:

Changes to the benefits cumulatively impact the plan adjusted index rate for any plan within the product within the allowable variation of +/-2 percentage points.

Signature of certified actuary

Date

VI. REQUIRED ATTESTATIONS FOR DISCONTINUANCES

The company complies with discontinuance notice requirement found in 45 CFR 146.152(c)(1)

If auto-enrolling members in a new plan:

The company has provided a mapping document under the Supporting Documentation tab in SERFF.