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BULLETIN 14-26

Date: December 17, 2014

To: Insurers, Nonprofit Health Service Plans, and Health Maintenance Organizations

Re: Student Health Plan Form and Rate Filing Instructions for the 2015-2016 School Year

The purpose of this Bulletin is to provide guidance to insurers, nonprofit health service plans, and health maintenance organizations regarding filing requirements for the student health benefit plan form and rate filings for plans that will be issued for the 2015-2016 school year.

The student health plan rate and form filings for the 2015-2016 school year are required to be filed with the Maryland Insurance Administration on or before **February 2, 2015**.

The following requirements apply to the student health plan form and rate filings:

1. The essential health benefits will remain the same as for 2014. Therefore, the instructions for required benefits and exclusions described in Bulletin 13-01, dated January 3, 2013 will continue to apply to the 2015-2016 plan year plans.

2. Variability in cost-sharing, such as copayment amounts, coinsurance percentages or deductible amounts, will not be permitted. Instead, carriers are required to file a separate schedule or benefit form for each benefit design.

3. Student health benefit plan filings are required to be submitted under separate SERFF tracking numbers from other filings. Student health benefit plans are required to provide the same essential health benefits that are applicable to the individual market.[1]

4. Each filing for a health benefit plan is required to include:

    a. Identification of the coverage level for each benefit design for a health benefit plan that is not a catastrophic plan (i.e. bronze, silver, gold, platinum);

    b. A separate contract or schedule for each plan design that the carrier intends to offer;

[1] 45 CFR § 147.145.

c. The actuarial value of each plan design determined in accordance with 45 CFR § 156.135 using the AV calculator developed and made available by HHS;[2]

d. The screen shots of each plan's AV calculator;

e. All rating factors and a demonstration that there are no factors not allowed by PPACA and that family tier factors are reasonable and not a surrogate for rating by health status;

f. Demonstration of medical loss ratio calculation to show that the medical loss ratio is at least 80%;

g. Certification that the health benefit plan's prescription drug benefit complies with 45 CFR § 156.122; and

h. Documentation of compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) regulations as found in 45 CFR 146.136 as follows:

   (i) If a plan design is identical to a plan design that was previously approved, certification from an actuary that each financial requirement that is applicable to a mental health or substance abuse benefit has been tested and has been determined to be no more restrictive than the *predominant* financial requirement of that type that applies to *substantially all* of the medical/surgical benefits in the same classification. A separate certification is required for each plan design.

   (ii) If a plan design is a new or modified plan design, documentation from an actuary demonstrating how each financial requirement applicable to a mental health or substance abuse benefit in the plan design is no more restrictive than the *predominant* financial requirement of that type that applies to *substantially all* of the medical/surgical benefits in the same classification.

Questions about this Bulletin may be directed to the Life/Health Section of the Maryland Insurance Administration at 410-468-2170.

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Brenda A. Wilson
Associate Commissioner
Life and Health

[2] If a health benefit plan's design is not compatible with the AV calculator, the carrier must submit actuarial certification using the chosen methodology in the rule. 45 CFR § 156.135(b).