

Title 10. Investment

Chapter 5.5. Major Risk Medical Insurance Board Article 4. Risk Categories and Subscriber Contributions Section 2698.401

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2698.401. Determination of Subscriber Contribution.

(a) (1) Each participating health plan shall provide an annual estimate of the standard average individual rate for the minimum benefits provided for in the contract with the participating health plan for each risk category specified in section 2698.400. Without applying risk categories to dependents or dependent subscribers, each participating health plan shall also provide an estimate of the standard average rate for covering a subscriber in each risk category and the subscriber's dependents as follows:

(4 A) A subscriber and one dependent; and

(2 B) A subscriber and two or more dependents.

(2) Notwithstanding paragraph (1) of this subsection, for plan years beginning on and after January 1, 2014, the Board shall calculate an annual estimate of the standard average individual rate for program benefits for each risk category specified in section 2698.400. Without applying risk categories to dependents or dependent subscribers, the Board shall also calculate an estimate of the standard average rate for covering a subscriber in each risk category and the subscriber's dependents as follows:

(A) A subscriber and one dependent; and

(B) A subscriber and two or more dependents.

(b) For plan years ending prior to January 1, 2014, for those participating health plans which have been offered through the program for two or more years, the Board shall calculate a loss ratio for each participating health plan for the prior calendar year. The loss ratio shall be calculated using 125 percent of the estimated rates provided by the participating plan as the denominator, and the sum of all medical costs for subscribers, dependent subscribers and dependents enrolled in the plan and all administration fees and risk payments to the plan as the numerator.

- (c) For plan years ending prior to January 1, 2014, for those participating health plans which have been offered through the program for two or more years, the Board shall calculate a percentage average subsidy amount per subscriber dollar contributed for each participating health plan for the prior calendar year by subtracting 100 percent from the program loss ratio percentage.
- (d) ~~The~~ For plan years ending prior to January 1, 2014, the Board shall calculate the program loss ratio for the prior calendar year in the following manner:
- (1) Participating health plans with an average monthly number of enrollees of fewer than 1,000 in the prior calendar year shall be excluded from the calculation.
 - (2) If a participating health plan's loss ratio is less than 100 percent it shall be deemed to be 100 percent for purposes of the calculation.
 - (3) The weighted average of the participating health plans' loss ratios is the program loss ratio.
- (e) ~~The~~ For plan years ending prior to January 1, 2014, the Board shall calculate the program average subsidy for the prior calendar year by subtracting 100 percent from the program loss ratio percentage.
- (f) For plan years ending prior to January 1, 2014, for each participating health plan with an average subsidy percentage amount higher than the program average subsidy percentage, that difference shall be called the excess subsidy.
- (g) ~~The~~ For plan years ending prior to January 1, 2014, the Board shall determine the subscriber contribution for each participating health plan that did not have an excess subsidy in the prior calendar year by multiplying the estimated rates provided by the participating health plan by 125 percent.
- (h) ~~The~~ For plan years ending prior to January 1, 2014, the Board shall determine the base subscriber contribution for each participating health plan that did have an excess subsidy in the prior calendar year by multiplying the estimated rates provided by the participating health plan by an additional 25 percent and then adding the excess subsidy amount. However, the actual subscriber contribution shall be subject to the following limitations:
- (1) No subscriber contribution will be more than 10 percent above 125 percent of the estimated rates provided by the participating plan. (See Title 10, section 2698.100(dd).)

- (2) If all participating health plans available in a county have an excess subsidy amount, the subscriber contribution for the plan with the lowest excess subsidy amount will not include the excess subsidy amount.
- (i) For plan years ending prior to January 1, 2014, Subscriber contribution for participating health plans joining the program after January 1, 1997, shall be established at 125 percent of the estimated rates provided by the participating plan for the first two benefit years the plan participates in the program. (See Title 10, section 2698.100(dd).)
- (j) Subscriber contributions shall be adjusted annually in accordance with this section.
- (k) Subscribers and dependent subscribers shall be informed by the program of the annually adjusted subscriber contribution at least one month prior to the effective date of the rate change.
- (l) ~~For~~ Commencing calendar year 2013, the Board shall further subsidize the subscriber contribution so that subscribers shall not pay more than 100% of the standard average individual rates for comparable coverage.

Note: Authority cited: Sections 12711 and 12712, Insurance Code. Reference: Sections 12713, 12736, 12737 and 12738, Insurance Code.

MANAGED RISK MEDICAL INSURANCE BOARD
FINDING OF EMERGENCY AND ADOPTION OF EMERGENCY REGULATIONS

Section 77 of AB82 (Chapter 23, Statutes of 2013) reads in part:

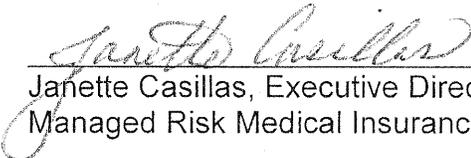
“The adoption and readoption of regulations implementing portions of this act by the Managed Risk Medical Insurance Board shall be deemed an emergency and necessary to avoid serious harm to the public peace, health, safety, or general welfare for purposes of Sections 11346.1 and 11349.6 of the Government Code...”

The Board confirms that the attached amendment to the regulations modifies the Major Risk Medical Insurance Program subscriber contributions consistent with the provisions of AB 82 and hereby adopts the attached amendment to the Major Risk Medical Insurance Program regulations.

CERTIFICATION

I, Janette Casillas, Executive Director of the Managed Risk Medical Insurance Board, do hereby certify that the foregoing finding was duly adopted by the Managed Risk Medical Insurance Board at an official meeting thereof on August 21, 2013.

Dated this 21st day of August, 2013.



Janette Casillas, Executive Director
Managed Risk Medical Insurance Board