Chapter 120-2-101

Child Only Individual Health Coverage

Section

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120-2-101 -.01 Authority

This regulation is promulgated under authority of O.C.G.A. § 33-29B-8(a) and O.C.G.A. § 33-2-9

120-2-101-.02 Definitions

Definitions used in this regulation shall have the same meaning as set forth in O.C.G.A. § 33-29B-2.

120-2-101-.03 Child Only Policy Forms

(1) To satisfy the requirements set forth in O.C.G.A. § 33-29B-3(a), an indemnity insurer should submit at least one policy of child-only individual health coverage that follows Regulation 120-2-81-.04. That coverage form should be updated by the insurer to comply with current federal Patient Protection and Affordable Care Act ("ACA") requirements, including, but not limited to the removal of lifetime limits.

(2) To satisfy the requirements set forth in O.C.G.A. § 33-29B-3(a), a Health Maintenance Organization insurer should submit at least one policy of child-only individual health coverage that follows Rule 120-2-81-.05. That coverage form should be updated by the Health Maintenance Organization insurer to comply with current federal ACA requirements, including, but not limited to the removal of lifetime limits.

(3) Notwithstanding the requirements set forth in subparagraphs (1) and (2) of this section, an insurer may, at its option submit one or more other, previously approved and presently available individual comprehensive or major medical health insurance coverages as alternative products to comply with this regulation.

120-2-101-.04 Child Only Premium Rates

(1) Pursuant to O.C.G.A. § 33-29B-3(g), insurers shall submit proposed health insurance rates that include current 2012 actuarial supporting assumptions on relevant plan design, benefits and limitations and that are reasonably related to contemporary plan designs and rates on file with and approved by this Office for the subject insurer. Insurers may, but are not required to obtain rate approval, if such rates are currently filed and approved by the Commissioner.

(2) An insurer may impose a surcharge on any individual who enrolls in a child-only policy and has not had prior creditable coverage in the 63 day period preceding the date of the application. The amount of the surcharge may be up to, but shall not exceed, 50 percent of the premium rate that would be charged to an individual who did have prior credible coverage in the 63 day period preceding the date of the application.

120-2-101-.05 Policy Form and Rate Submissions in SERFF

(1) Insurers are required to submit all proposed form and rate filings in the SERFF filing system for advance approval.
(2) Insurers shall pay all appropriate policy form and rate filing fees, as normally required.
(3) Insurers shall mark such SERFF policy form and rate filings in cover letter materials as child-only coverage and prominently reference "child-only" in appropriate descriptions to ensure the recognition and timely attention necessary for compliance with these product offering requirements.
(4) Insurers should include specialized child-only application and enrollment forms with policy form and rate filings. Such applications should make appropriate provisions for parent or guardian authorization and completion of applicant identifying and other relevant information by parent or guardian on behalf of any minor applicant.
    (a) Applications shall include a prominent disclosure about the 2013 duration of this child-only Georgia coverage program. Such application disclosures should reference evidence of coverage material provisions as to term and termination of the program as provided in O.C.G.A. § 33-29B-8.
    (b) The Commissioner may approve a modification of previously approved forms, provided the changes are clearly marked on the documents submitted to the Commissioner and are consistent with the provisions of this regulation.
(5) Policy form filed materials should make appropriate reference to the temporary nature of the 2013 child-only Georgia individual health coverage program. Insurers should pay specific attention to and address the following issues:
    (a) Enrollment;
    (b) Special Enrollment;
    (c) Limited coverage term of policy during 2013;
    (d) Provisions regarding termination not prejudicing any existing claim and providing a reasonable proposed extension of benefits for covered persons disabled at the end of term of coverage;
    (e) Disclosure about lack of renewability (if applicable); and
    (f) Any provisions about transition to other insurance after 2013 (if applicable).

    The items above are appropriate provisions to include in proposed policy materials, endorsements and other parts of the individual health coverage contract for this program.

(6) Specimen Notices as required in O.C.G.A. 33-29B-6 regarding open enrollment opportunity, open enrollment dates, qualifying event references and the proposed plan to display these on the insurer's website should be submitted as part of the policy form and rate filings.

120-2-101-.06 Child-Only Program Reporting due in 2014

Insurers that are active in the individual health insurance market in Georgia in 2013 and comply with requirements to make child-only health products available shall report as required in O.C.G.A. § 33-29B-7 by March 1, 2014.

The report submitted on March 1, 2014 for the child-only 2013 coverage program shall include this information and follow this reporting format:

2013 Georgia Child-Only Individual Health Insurance Program Report

Name of Insurer: _____ NAIC# _____

Total Number of Applicants that applied during Open Enrollment Period	Number of Applicants that enrolled during Open Enrollment Period	Number of Applicants that were declined during Open Enrollment Period	Reason(s) for Denial of Applicants
			(Include limited identifying details for each applicant case so denied, respecting potential privacy concerns)

Contact Person preparing this Report: _____Ph: _____

Email: _____

Certification by Responsible Officer of the Insurer:

I hereby affirm that the information included in this report of 2013 activities of the company is correct and complete.

Signed: _____

Printed Name: _____ Title: : _____

Date: _____