

FINAL BILL REPORT

SSB 5023

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Synopsis as Enacted

Brief Description: Concerning the filing of group health benefit plans other than small group plans, stand-alone dental plans, and stand-alone vision plans by disability insurers, health care service contractors, and health maintenance organizations.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Parlette and Keiser).

Senate Committee on Health Care

House Committee on Health Care & Wellness

Background: The Office of the Insurance Commissioner (OIC) regulates insurance carriers and insurance products, including health insurance plans. There are three types of health insurance carriers or issuers, disability insurers, health care service contractors, and health maintenance organizations. In addition, there are limited health care service contractors that may offer dental services, vision care services, or other services. Each type of carrier has unique insurance laws, and the laws may vary for large groups, small groups, and the individual market.

Recent changes in federal law have resulted in more standardized review processes for insurance rate filings and contract filings, often known as rates and forms, in particular for the individual market and the small group market. There are some remaining differences for forms filings based on carrier license type and the product and market offering. The OIC rules for forms filings detail the requirements for health care service contractors and health maintenance organizations, while disability insurers follow different requirements.

Summary: All rates and forms of group health benefit plans, other than small group plans, and all stand-alone dental and stand-alone vision plans offered must be filed before the contract form is offered for sale to the public and before the rate schedule is used.

Filings of negotiated group contract forms, other than small group plans, must be filed within 30 working days after the negotiations are complete, or the date the renewal premiums are implemented. A negotiated contract includes a health benefit plan, stand-alone dental or stand-alone vision plan where the benefits and other terms and conditions are negotiated and agreed to by the carrier and the policy holder. The rates and forms must comply with state and federal laws.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

Stand-alone dental and stand-alone vision plans offered by a disability insurer to out-of-state groups may be negotiated, but may not be offered in this state before the Commissioner finds that stand-alone dental and stand-alone vision plans meet the standards set for disability insurers.

Rules developed by OIC to implement this section must use the already-adopted standards in place for health care service contractors and health maintenance organizations.

Votes on Final Passage:

Senate	48	0
House	97	0

Effective: July 24, 2015.