

**Effective 5/12/2015**

**31A-22-635 Uniform application -- Uniform waiver of coverage -- Information on Health Insurance Exchange.**

- (1) For purposes of this section, "insurer":
  - (a) is defined in Subsection 31A-22-634(1); and
  - (b) includes the state employee's risk pool under Section 49-20-202.
- (2)
  - (a) Insurers offering a health benefit plan to an individual or small employer shall use a uniform application form.
  - (b) The uniform application form:
    - (i) may not include questions about an applicant's health history; and
    - (ii) shall be shortened and simplified in accordance with rules adopted by the commissioner.
  - (c) Insurers offering a health benefit plan to a small employer shall use a uniform waiver of coverage form, which may not include health status related questions, and is limited to:
    - (i) information that identifies the employee;
    - (ii) proof of the employee's insurance coverage; and
    - (iii) a statement that the employee declines coverage with a particular employer group.
- (3) Notwithstanding the requirements of Subsection (2)(a), the uniform application and uniform waiver of coverage forms may, if the combination or modification is approved by the commissioner, be combined or modified to facilitate a more efficient and consumer friendly experience for:
  - (a) enrollees using the Health Insurance Exchange; or
  - (b) insurers using electronic applications.
- (4) The uniform application form, and uniform waiver form, shall be adopted and approved by the commissioner in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act.
- (5)
  - (a) An insurer who offers a health benefit plan on the Health Insurance Exchange created in Section 63N-11-104, shall:
    - (i) accept and process an electronic submission of the uniform application or uniform waiver from the Health Insurance Exchange using the electronic standards adopted pursuant to Section 63N-11-107;
    - (ii) if requested, provide the applicant with a copy of the completed application either by mail or electronically;
    - (iii) post all health benefit plans offered by the insurer in the defined contribution arrangement market on the Health Insurance Exchange; and
    - (iv) post the information required by Subsection (6) on the Health Insurance Exchange for every health benefit plan the insurer offers on the Health Insurance Exchange.
  - (b) Except as provided in Subsection (5)(c), an insurer who posts health benefit plans on the Health Insurance Exchange may not directly or indirectly offer products on the Health Insurance Exchange that are not health benefit plans.
  - (c) Notwithstanding Subsection (5)(b):
    - (i) an insurer may offer a health savings account on the Health Insurance Exchange;
    - (ii) an insurer may offer dental plans on the Health Insurance Exchange; and
    - (iii) the department may make administrative rules to regulate the offer of dental plans on the Health Insurance Exchange.
- (6) An insurer shall provide the commissioner and the Health Insurance Exchange with the following information for each health benefit plan submitted to the Health Insurance Exchange, in the electronic format required by Subsection 63N-11-107(1):

- (a) plan design, benefits, and options offered by the health benefit plan including state mandates the plan does not cover;
  - (b) information and Internet address to online provider networks;
  - (c) wellness programs and incentives;
  - (d) descriptions of prescription drug benefits, exclusions, or limitations;
  - (e) the percentage of claims paid by the insurer within 30 days of the date a claim is submitted to the insurer for the prior year; and
  - (f) the claims denial and insurer transparency information developed in accordance with Subsection 31A-22-613.5(4).
- (7) The department shall post on the Health Insurance Exchange the department's solvency rating for each insurer who posts a health benefit plan on the Health Insurance Exchange. The solvency rating for each insurer shall be based on methodology established by the department by administrative rule and shall be updated each calendar year.
- (8)
- (a) The commissioner may request information from an insurer under Section 31A-22-613.5 to verify the data submitted to the department and to the Health Insurance Exchange.
  - (b) The commissioner shall regulate the fees charged by insurers to an enrollee for a uniform application form or electronic submission of the application forms.

Amended by Chapter 283, 2015 General Session