



Illinois Department of Insurance

PAT QUINN
Governor

ANDREW BORON
Director

TO: ALL ACCIDENT AND HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, LIMITED HEALTH SERVICE ORGANIZATIONS, AND VOLUNTARY HEALTH SERVICE PLANS

FROM: ANDREW BORON, DIRECTOR *AEB*

DATE: August 19, 2013

RE: COMPANY BULLETIN #2013-12 (REVISED)

FILING OF PLANS TO BE SOLD OFF OF THE ILLINOIS HEALTH MARKETPLACE

The Patient Protection and Affordable Care Act of 2010, as amended by the Health Care Education and Reconciliation Act of 2010 (the "ACA"), and its attendant regulations, require that individual and group health benefit plans issued after March 23, 2010 ("non-grandfathered plans") comply with market reforms of Title I, Subtitles C and D of the ACA. These reforms require non-grandfathered plans to have essential health benefits, limited cost sharing, premium rates that are not discriminatory, guaranteed availability and renewability of coverage, and prohibit denial of coverage against individual participants and beneficiaries based on preexisting conditions, among other things. The reforms become effective for plan years on or after January 1, 2014. ACA § 1255.

Plans that will be offered for sale off of the Illinois Health Marketplace that are required to comply with the requirements of the ACA will be reviewed by the Department to confirm compliance with those requirements. In order for such off-Marketplace plans to be sold beginning on October 1, 2013, for inception on January 1, 2014, issuers should transmit their rate and form filings through SERFF by September 1, 2013. Any off-Marketplace plans submitted after that date will be reviewed by the Department as received, but that review may not be completed in time for the plan to be offered for sale on October 1, 2013.

ADDENDUM TO BULLETIN

The Department received guidance issued by the federal Center for Consumer Information & Insurance Oversight ("CCIIO") that CCIIO's interpretation of ACA regulations is that if plans that will be offered for sale off of the Illinois Health Marketplace are not transmitted by issuers to the Department by September 1, 2013, and therefore will not be reviewed and approved for sale by October 1, 2013, the issuers of such plans will not be able to utilize open enrollment periods as defined in the ACA. The result will be that those issuers must enroll any individual who applies during the plan year.