

R590. Insurance, Administration.

R590-263. Commonly Selected Health Benefit Plans.

R590-263-1. Authority.

This rule is promulgated pursuant to Subsection 31A-30-205(1)(d)(iii) wherein the commissioner is directed to adopt a rule.

R590-263-2. Purpose and Scope.

(1) The purpose of this rule is to provide the standard for a carrier to determine the most commonly selected small employer group health benefit plans.

(2) This rule applies to all carriers that offer a health benefit plan to a small employer in the defined contribution market.

R590-263-3. Most Commonly Selected.

(1) As used in Subsection 31A-30-205(1)(d), the four most commonly selected small employer group health benefit plans to be offered as of January 1 each year are the carrier's four plans that are currently marketed to small employer groups that have the largest number of covered individuals as of the preceding July 1.

(2) If a carrier removes one of the four most commonly selected plans from the market, the carrier shall again determine the four most commonly selected small employer group health benefit plans currently marketed by the carrier so that there are four plans at all times.

(3) The carrier shall:

(a) maintain the documentation used to determine the four plans in Subsection (1) for a period of the current calendar year plus three years; and

(b) make the documentation available for review upon the commissioner's request.

R590-263-4. Penalties.

A person found to be in violation of this rule shall be subject to penalties as provided under Section 31A-2-308.

R590-263-5. Enforcement Date.

The commissioner will begin enforcing this rule January 1, 2012.

R590-263-6. Severability.

If any provision of this rule or its application to any person or circumstances is for any reason held to be invalid, the remainder of the rule and the application of the provision to other persons or circumstances shall not be affected thereby.

**KEY: insurance health benefit plans
31A-30-205(1)(d)(iii)**