STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Bulletin HC- 80
July 22, 2010

TO:: **All Health Insurers and Health Care Centers Authorized to Conduct Health Insurance Business in Connecticut**

SUBJECT: **Patient Protection and Affordable Care Act Policy Filing Guidelines**

The federal Patient Protection and Affordable Care Act, Pub.L.111-148, as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152 (collectively "PPACA") requires that health policies issued or renewed after September 23, 2010 contain specific benefit and coverage requirements. Plans in effect prior to March 23, 2010 ("grandfathered plans") are also required to include some, but not all, of the required benefits after September 23, 2010. PPACA standards required in health policies include:

- Limited annual and lifetime dollar limits
- Restrictions on rescissions
- First-dollar coverage for preventive services
- Extension of coverage for dependents
- Internal and external appeal rights
- Coverage for emergency services at in-network cost sharing level
- No pre-existing conditions exclusion for children up to age 19

The purpose of this Bulletin is to outline Insurance Department requirements for filing revisions relating to PPACA.

Filings will be reviewed on an **EXPEDITED** basis if:

- The filing is identified as a PPACA filing;
- An endorsement/amendment is filed to be used with previously approved forms;
- Only modifications relating to PPACA are included;
- The filing includes a listing of the form #s and approval dates of all previously approved forms that will be amended

- Filings that include additional modifications and/or benefit changes not directly related to PPACA requirements will not be given expedited review. Complete policy submissions will not be given expedited review.

- A separate endorsement must be filed for individual grandfathered, group grandfathered and non-grandfathered plans

Please be advised that whenever state laws are more liberal to the enrollee, federal requirements are to be considered a "floor" for the application of benefits. State laws are not pre-empted whenever the application of state requirements does not impede the application of federal law. For example, coverage for dependent children must be amended to include married dependent children and to remove all residency requirements; all other state requirements for this coverage still apply.

A rate filing should be made at the same time as the form filing even if there is no adjustment to the rates. Since some benefits are required to be added to existing policies prior to renewal, carriers should file forms and rates as early as possible to meet any contractual notice requirements.

Please contact the Insurance Department Life and Health Division at cid.lh@ct.gov with any questions.

Thomas R. Sullivan
Insurance Commissioner