ORDER OF THE OFFICE OF THE COMMISSIONER OF INSURANCE CREATING A RULE

To create Ins 8.52 (4), Wis. Adm. Code, relating to publication of health insurance rates for small employers.

ANALYSIS PREPARED BY THE OFFICE OF THE COMMISSIONER OF INSURANCE

Statutory authority: ss. 601.41, 635.05 (7) & 635.12, Stats.

Statutes interpreted: ss. 600.01, 635.05 (7) & 635.12, Stats.

Analysis: Section 635.12, Stats. (2001 Wisconsin Act 16) requires every small employer insurer to annually publish current new business premium rates in the manner and according to catagories required by rule of the commissioner. The purpose of this proposed rule is to comply with this legislative mandate. The commissioner has determined that the most practical method of accomplishing this is to require small employer insurers to annually report their rates to the commissioner based on uniform criteria reported in a consistent format. Therefore the commissioner will provide a form for the small employer insurers to report rates. The form will follow the reporting criteria specified in this rule. The commissioner will publish the information gathered from all small employer insurers in a manner that will assist small employers to readily compare the rates. This publication will, by placing the information on OCI's website and in pamphlet form, be similar to other rate comparison documents currently in use for other forms of insurance. Small employer insurers who file rates with the commissioner as described in this rule will be in compliance with the requirements of s. 635.12, Stats. and need not publish the rates themselves.

SECTION 1. Section Ins 8.52 (4) is created to read:

(4) ANNUAL PUBLICATION OF RATES. (a) On or before December 1, every small employer insurer shall annually file with the commissioner the small employer insurer's lowest available monthly new business premium rates which will be in effect the following January 1. The filing shall be made on a form provided by the commissioner and shall require all of the following information as may apply to the type of plan offered:

- 1. For an indemnity plan, the rates shall be based on the insurer's plan that is closest to a plan that features a \$500.00 annual deductible and 80% / 20% coinsurance.
- 2. For a defined network plan, the rates shall be based on a plan which is actuarially equivalent to the features described in subd. 1.
- 3. For all plans, the rates shall be specified for family and single plans, by group size and by the geographical criteria that are used by the insurer.
- 4. The commissioner may require additional information be provided in the form as appropriate to implement this subsection.

Note: OCI 26-500, the form described in this subsection may be obtained without charge by contacting the Office of the Commissioner of Insurance PO Box 7873, Madison WI. 53707-7873. The form is also available on the OCI website at oci.wi.gov

(b) Small employer insurers who file rates with the commissioner as described in this subsection will be in compliance with the requirements of s. 635.12, Stats.

SECTION. These changes will take effect on the first day of the month after publication, as provided in s. 227.22(2)(intro.), Stats.

Dated at Madison, Wisconsin, this _____ day of September, 2002

Connie L. O'Connell
Commissioner of Insurance

FISCAL ESTIMATE WORKSHEET — 2001 Session

Detailed Estimate of Annual Fiscal Effect

| | ▼ ORIGINAL | ☐ UPDATED | | ı | _RB Number | Amendment No. if Applicable | | | |
|--|---|--|-------------------|---|-----------------|--|--|--|--|
| | CORRECTED | SUPPLEMENTAL | | I | Bill Number | Administrative Rule Number INS 8.52(4) | | | |
| Sub | Subject small employer health insurance | | | | | | | | |
| One-time Costs or Revenue Impacts for State and/or Local Government (do not include in annualized fiscal effect): None | | | | | | | | | |
| | Anı | nualized Costs: | | Annualized Fiscal impact on State funds from: | | | | | |
| | | | | | | Decreased Costs | | | |
| A. | State Costs by Cates State Operations | gory - Salaries and Fringes | | \$ | 0 | \$ -0 | | | |
| | (FTE Position Ch | anges) | | | (0 FTE) | (-0 FTE) | | | |
| State Operations - Other Costs | | | | | 0 | -0 | | | |
| | Local Assistance | | | | 0 | -0 | | | |
| | Aids to Individual | s or Organizations | | | 0 | -0 | | | |
| | | Costs by Category | | \$ | 0 | \$ -0 | | | |
| B. | State Costs by Sour | ce of Funds | | | Increased Costs | Decreased Costs | | | |
| | GPR | | | \$ | 0 | \$ -0 | | | |
| | FED | | | | 0 | -0 | | | |
| | PRO/PRS | | | | 0 | -0 | | | |
| | SEG/SEG-S | | | | 0 | -0 | | | |
| C. | | Complete this only when proposal will increase venues (e.g., tax increase, decrease in lic | | | Increased Rev. | Decreased Rev. | | | |
| | GPR Taxes | evenues (c.g., ax morease, accrease in no | .c.13c 1cc, ctc.) | \$ | 0 | \$ -0 | | | |
| | GPR Earned | | | | 0 | -0 | | | |
| | FED | | | | 0 | -0 | | | |
| | PRO/PRS | | | | 0 | -0 | | | |
| | SEG/SEG-S | | | | 0 | -0 | | | |
| | TOTAL State | Revenues | | \$ | 0 None | \$ -0 None | | | |
| NET ANNUALIZED FISCAL IMPACT | | | | | | | | | |
| NE | T CHANGE IN COSTS | \$ | STATE | <u> </u> | lone 0 \$ | LOCAL None 0 | | | |
| NE | T CHANGE IN REVENU | ES \$ | | N | lone 0 \$ | None 0 | | | |
| Pre | pared by: | | Telephone No. | | | Agency | | | |
| Stephen Mueller | | | (608) 26 | 67-2 | 833 | Insurance | | | |
| Autl | horized Signature: | | Telephone No. | | | Date (mm/dd/ccyy) | | | |
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Wisconsin Department of Administration Division of Executive Budget and Finance DOA-2048 (R10/2000)

FISCAL ESTIMATE — 2001 Session

| ▼ ORIGINAL □ | PDATED | | LRB Number | Amendment No. if Applicable | | | | | |
|---|--|----------------------------|-------------|--|--|--|--|--|--|
| □ CORRECTED □ | SUPPLEMENTAL | | Bill Number | Administrative Rule Number INS 8.52(4) | | | | | |
| Subject small employer health insurance | | | | | | | | | |
| 3mail chipioyor health inse | i ai icc | | | | | | | | |
| Fiscal Effect | | | | | | | | | |
| State: 🗵 No State Fiscal Effect | | | | | | | | | |
| Check columns below only if bill make | ase Costs - May be possible to Absorb | | | | | | | | |
| or affects a sum sufficient appropriation | Within | Agency's Budget ☐ Yes ☐ No | | | | | | | |
| ☐ Increase Existing Appropriation☐ Decrease Existing Appropriation | ☐ Increase Exist☐ Decrease Exis | - | | | | | | | |
| ☐ Create New Appropriation | □ beerease Exic | ung nevendes | ☐ Decre | ease Costs | | | | | |
| ., . | | | | | | | | | |
| Local: No local government co | | | I | | | | | | |
| 1. Increase Costs | 3. Increase Rev | | | es of Local Governmental Units Affected: | | | | | |
| ☐ Permissive ☐ Mandatory 2. ☐ Decrease Costs | ☐ Permissive ☐ Mandatory ☐ Permissive ☐ Mandator ☐ Decrease Costs ☐ 4. ☐ Decrease Revenues | | | owns ☐ Villages ☐ Cities | | | | | |
| ☐ Permissive ☐ Mandatory | □ Permissive | | | School Districts | | | | | |
| Fund Sources Affected | ected Chapter 20 | | | | | | | | |
| ☐ GPR ☐ FED ☐ PRO ☐ PRS ☐ SEG ☐ SEG-S | | | | | | | | | |
| Assumptions Used in Arriving at Fiscal Estimate | | | | | | | | | |
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| Long-Range Fis cal Implications | | | | | | | | | |
| None | | | | | | | | | |
| None | | | | | | | | | |
| Prepared by: | Telon | hone No. | | Agency | | | | | |
| Stephen Mueller | | (608) 267-28 | 333 | Insurance | | | | | |
| • | | <u> </u> | | | | | | | |
| Authorized Signature: | Telep | hone No. | | Date (mm/dd/ccyy) | | | | | |
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