State: Missouri **Filing Company:** Humana Health Plan Inc.
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO
Product Name: HMO HP4 / CHMO
Project Name/Number: Transitional Policy Filing Info/

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/13/2013
Submitted Date	12/13/2013

Dear John Howser,

Introduction:

Thank you for your review of this filing.

Response 1

Comments:

We did not file with the MO DOI any documents regarding discontinuance of non-grandfathered small groups/members on these plans.

Based on federal law, we were discontinuing renewals on a particular type of health plan to move small group non-grandfathered members to a 01/01/2014 ACA compliant health plan. We do still have grandfathered membership on these plans.

We do not see a requirement under MO 379.938 (6) stating that the director be notified if a carrier elects to discontinue offering a particular type of health benefit plan in the small group market.

MO 379.938 (7) states that for small group market we need to provide notice of discontinuation to the director if we are going to discontinue offering all health insurance coverage in the small group market in this state. Which we are not, we are offering and marketing 2014 ACA compliant plans in the small group market in the state of MO.

We are following the requirements to issue notices 90 days prior to the discontinuance of coverage.

There are 6 groups with a total of 33 small group non-grandfathered members that were going to be moved to a 2014 ACA compliant health plan as of their renewal date on or after 01/01/2014. Humana has elected to adopt the transitional policy to allow groups to remain on their plan.

Related Objection 1

Applies To:

- PPACA Uniform Compliance Summary (Supporting Document)

Comments: Please provide copies of the original document that notified the department of the company's intention to discontinue these plans. If filed via SERFF, the SERFF tracking number is sufficient. If filed otherwise, please provide a pdf copy of the documents sent to the department.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Patricia Richardson

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<Date>

<CUST_NAME>
Attn: Benefits Administrator
<CUST_ADDR_LINE1>
<CUST_ADDR_LINE2>
<CUST_CITY_NAME> <CUST_STATE_CD> <CUST_ZIP_CD> <CUST_ZIP_PLUS_CD>

Dear Policyholder,

We previously notified you that your current policy is being cancelled because it doesn't meet the minimum standards required by the health care law. We are now writing to inform you that, under federal guidance announced in November 2013, you may keep this coverage for the upcoming plan year beginning in 2014.

How Do I Keep My Current Plan?

To keep your current plan, please contact us.

As you think about your options, there are some things to keep in mind. If you choose to renew your current policy, it will NOT provide all of the rights and protections of the health care law. These include one or more of the following new protections of the Public Health Service Act (PHS Act) that were added by the health care law and that take effect for coverage beginning in 2014. As a result, your coverage:

- May not meet standards for fair health insurance premiums, so it can charge more based on factors such as gender or a pre-existing condition, and it doesn't have to comply with rules limiting the ability to charge older people more than younger people (section 2701).

- May not meet standards for guaranteed availability, so it can exclude customers based on factors such as a pre-existing condition (section 2702).

- May not meet standards for guaranteed renewability (section 2703).

- May not meet standards related to pre-existing conditions for adults, so it can exclude coverage for treatment of an adult's pre-existing condition (section 2704).

- May not meet standards related to discrimination based on health status (section 2705).

- May not meet standards for non-discrimination in providers (section 2706).

- May not cover essential health benefits or limit annual out-of-pocket spending, so it might not cover benefits such as prescription drugs and might have unlimited cost-sharing (section 2707).
- May not meet standards for participation in clinical trials, so you might not have coverage for services related to a clinical trial for a serious or life-threatening disease (section 2709).

How Do I Choose a Different Plan?

You have new options and rights for getting quality, affordable health insurance. You may shop in the Health Insurance Marketplace, where all plans meet certain standards to guarantee health care security and no one who is qualified to purchase coverage through the Marketplace can be turned away or charged more because of a pre-existing condition. The Marketplace allows you to choose a private plan that fits your budget and health care needs. You may also qualify for tax credits or other financial assistance to help you afford health insurance coverage through the Marketplace.

You can also get new health insurance outside the Marketplace. Most new plans guarantee certain protections, such as your ability to buy a plan even if you or your employees have a pre-existing condition. However, financial assistance is not available outside the Marketplace.

You should review your options as soon as possible, since you have to buy your coverage within a limited time period to preserve your consumer protections.

How Can I Learn More?

To learn more about the Health Insurance Marketplace and protections under the health care law, visit HealthCare.gov or call 1-800-318-2596.

If you have questions, please contact us.

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<Date>

<CUST_NAME>
<CUST_ADDR_LINE1>
<CUST_ADDR_LINE2>
<CUST_CITY_NAME> <CUST_STATE_CD> <CUST_ZIP_CD> <CUST_ZIP_PLUS_CD>

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