

Instructions

Please read the instructions below which explain the information required for the Data sheet. This entire spreadsheet template must be submitted electronically to the Office of Insurance Regulation. Insurers may provide additional consumer disclosures by a separate addendum(s).

Insurer Name: Enter the operating name of the company issuing the policy

Insurer NAIC Code: Enter the 5 digit NAIC code of the company issuing the policy

New Plan Name: Enter the plan name (marketing name) of the policy which is being issued

New Metal Level: Choose the metal level which applies to the policy being issued

Most Popular Plan Name (for comparison): The policy or contract that has the highest enrollment in the individual or small group market (whichever is applicable) on July 1, 2013.

*When issuing new individual policies this should be the largest individual plan

*When issuing new small group policies this should be the largest small group plan

Medical Trend: Enter the 2014 projected medical trend as defined in 69O-149.006(3)(b)18, F.A.C.

Monthly Health Plan Cost *before* Federal Health Care Reform: The statewide average premiums as of 7/1/2013, brought forward to 1/1/2014 cost levels, for the plan that has the highest enrollment in the applicable market (individual/small group). The enrollment must include all policyholders, including those that have health conditions that increase the standard premium. For example: Cell D19 should be the average premium for males between the ages of 30 and 54.

Cost of new benefits we must offer: The dollar amount which is attributable to the requirement that essential health benefits be provided and to meet the required actuarial value for the product, as compared to the statewide average premium for the policy or contract for the plan issued by that insurer or organization that has the highest enrollment in the individual or small group market on July 1, 2013, whichever is applicable.

Cost to cover everyone, even those with preexisting medical conditions: The dollar amount of the premium which is attributable to the impact of guaranteed issuance of coverage. This estimate must include, but is not required to itemize, the impact of the requirement that rates be based on factors unrelated to health status, how the individual coverage mandate and subsidies provided in the health insurance exchange established in this state pursuant to PPACA affect the impact of guaranteed issuance of coverage, and estimated reinsurance credits.

New taxes and fees we must pay: The dollar amount of the premium which is attributable to fees, taxes, and assessments associated with PPACA.

Cost to charge the same for men and women and to limit how age can affect plan costs: The dollar amount of the premium increase or decrease from the premium that would have otherwise been due which is attributable to the combined impact of the requirement that rates for age be limited to a 3-to-1 ratio and the prohibition against using gender as a rating factor.

Validations

TRUE
TRUE

TRUE
TRUE

TRUE

FALSE

FALSE FALSE FALSE FALSE FALSE FALSE

FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
FALSE	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE