

2740.1500 CERTIFICATION OF QUALIFIED PLANS.

Subpart 1. **Application for certification.** The application of an insurer, fraternal, or employer for certification by the commissioner of a plan of health coverage as a qualified plan or a qualified Medicare supplement plan under Minnesota Statutes, section 62E.05 shall include the qualification number of the plan for which certification is sought pursuant to the procedures specified in the actuarial equivalence tables set forth in parts 2740.9909 to 2740.9993.

Subp. 2. **Certification by commissioner.** An accident and health insurance policy or plan is deemed certified as a qualified plan or qualified Medicare supplement plan for the purpose of Minnesota Statutes, section 62E.05 if it meets the requirements of these rules and other relevant laws of the state upon the expiration of 90 days after receipt of the request for certification by the commissioner, unless earlier rejected or certified by the commissioner. In the event the commissioner rejects such request, the commissioner shall give written notice of the grounds for rejection to the person submitting the plan, and the insurer, fraternal, or employer has the same rights in the event of such rejection as provided in Minnesota Statutes, section 62A.02.

Subp. 3. **Required benefits under the act.** On or after June 3, 1977 each plan of health coverage, in order to be certified as a number 1, number 2, or number 3 qualified plan, shall provide a limitation of \$3,000 per person on total annual out-of-pocket expenses and a maximum lifetime benefit of not less than \$250,000, and shall provide all other benefits required under the act that are not subject to substitution of actuarially equivalent benefits under Minnesota Statutes, section 62E.06.

Subp. 4. **Certification of an employer's plan of health coverage.** For purposes of certification of an employer's plan of health coverage pursuant to Minnesota Statutes, section 62E.03, any plan of health coverage that constitutes a qualified plan at the time of issue shall continue to be a qualified plan until the later of the next renewal date of the plan of health coverage or the expiration of an applicable collective bargaining agreement, if any.

Statutory Authority: *MS s 62E.09*

History: *17 SR 1279*

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