

2740.9924 HOW TO USE THE LIST.

Subpart 1. **Basic and comprehensive major medical plans.** The list is used in the following manner:

A. Determine the ASP value, SURG value, ASP factor, SURG factor, and COMP factor for the calendar year. This is published annually by the commissioner.

B. List the plan benefits, ignoring deductibles, coinsurance, well baby care, emergency accident, supplemental accident, and student dependents. Include the plan maximum in the plan benefits.

C. For each benefit, find the appropriate table of equivalent points for basic and major medical plans.

D. Extract the appropriate point value for the benefit from the table, interpolating as necessary or indicated, and place it opposite the listed benefit. Ignore benefits for which no table exists.

E. Total the points for these benefits.

F. List deductible and coinsurance if the plan is a comprehensive major medical plan.

G. Determine the appropriate point values for deductible, interpolating as necessary, and place the value in the list of points. Calculate the coinsurance points and place the values in the list of points.

H. Determine the total points after the deduction for deductible and coinsurance.

I. Determine the deduction for coordination and nonduplication of benefits.

J. Determine the number of points for the limit on "out-of-pocket" expenses, well baby care, emergency accident, supplemental accident, and student dependents.

K. Calculate the grand total.

L. To determine qualification, utilize the grand total in the test for actuarial equivalence in part 2740.9949.

Subp. 2. **Superimposed major medical plans.** The following govern superimposed major medical plans:

A. Follow steps outlined in subpart 1, items A to D for basic health plan benefits.

B. Total the points for the basic plan.

C. Utilize part 2740.9964, subparts 23, 24, and 25 to determine the point value of a Minnesota qualified plan superimposed over the basic plan with the deductible and benefit period of the plan at hand, interpolating as necessary. Put the points in the point column.

D. Compare the benefits in the superimposed major medical plan with the benefit structure of a Minnesota qualified plan:

- (1) \$250,000 lifetime maximum.
- (2) 80/20 coinsurance.
- (3) \$3,000 annual per person out-of-pocket maximum.
- (4) Eligible expenses are usual and customary expenses for:
 - (a) hospital services;
 - (b) physician care;
 - (c) prescription drugs;
 - (d) nursing home care of up to 120 days in one year, commencing within 14 days of hospitalization of at least three days;
 - (e) home health care;
 - (f) radium and radioactive therapy;
 - (g) oxygen;
 - (h) anesthetics;
 - (i) prostheses;
 - (j) rental or purchase of durable medical equipment;
 - (k) diagnostic X-rays and laboratory tests;
 - (l) oral surgery on impacted teeth, on tooth roots, or on gums and tissues of the mouth when not performed in connection with tooth extraction;
 - (m) physical therapy;
 - (n) maternity same as any illness;
 - (o) Minnesota statutorily mandated benefits; and
 - (p) coordination of benefits.

E. Consult the tables for point adjustments (usually negative for Minnesota qualified plan benefits not in the superimposed major medical plan being tested). Put the adjustments in the point column.

F. Calculate the total by adding the points for the basic plan (item B), the superimposed major medical plan (item C), and the adjustments (item E).

G. To determine qualification, utilize the grand total in the test for actuarial equivalence in part 2740.9949.

Statutory Authority: *MS s 62E.09*

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