



Silver State Health Insurance Exchange

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ADOPTED REGULATION
OF THE
SILVER STATE HEALTH INSURANCE EXCHANGE
REGULATION: EX-04-A
ADOPTED BY THE BOARD ON
FEBRUARY 12, 2015

Matter in *blue bold italics* is new language. Matter in red brackets [~~omitted material~~] is material to be deleted.

AUTHORITY: NRS 695I.210, NRS 695I.370

A REGULATION relating to fees charged to insurers for the placement of the insurers' contracts of insurance on the Exchange for enrollment.

Section 1. Section 4 of Adopted Regulation EX-01-A is hereby amended to read as follows:

Sec. 4. No later than eight months prior to the initial effective date provided in paragraph (b) of subsection 1, the Board will adopt and publish fees to be charged to insurers for Qualified Health Plans and *Standalone Dental Plans* [~~other contracts of insurance~~] for enrollment by Exchange Members. [~~Fifteen days prior to the adoption of such fees, the~~] *The* Exchange will post a notice indicating the Board will adopt fees. Such notice will be posted in the same manner and locations as agendas posted for Board meetings.

1. The fees charged pursuant to this section will:
 - a. Be charged each month to insurers for each Exchange Member enrolled in the insurer's Qualified Health Plans and [~~s~~] *Standalone Dental Plans* [~~contracts of insurance~~];

- b. Be effective for one calendar year beginning January 1; and
 - ~~c. [Not differ due to the amount of the premium of each Qualified Health Plan or standalone contract of insurance except as provided in subsection 2.]~~ *Be determined by declaring a percentage fee;*
 - i. The percentage fee established each year will be equal to or less than the percentage fee established by the Centers for Medicaid and Medicare Services (CMS) for all Qualified Health Plans and Standalone Dental Plans offered on the Federally Facilitated Marketplace (FFM);*
 - ii. The percentage fee established will be applied to the pre-subsidized insurance carrier filed premiums.*
- ~~2. [The Exchange will calculate separate fees, pursuant to subsection 3, for the following types of Qualified Health Plans and contracts of insurance:~~
- ~~a. Qualified Health Plans that do not include dental insurance coverage;~~
 - ~~b. Qualified Health Plans that include dental insurance coverage; and~~
 - ~~c. Standalone contracts of dental insurance.]~~
- ~~3. [The fees charged for the type of contracts of insurance provided in paragraph (c) of subsection 2 will be equal to the average premium charged for the type of contract of insurance, divided by the average premium charged for the type of Qualified Health Plan provided in paragraph (a) of subsection 2, multiplied by the fee charged for the type of Qualified Health Plan provided in paragraph (a) of subsection 2. The fees charged for the type of Qualified Health Plan provided in paragraph (b) of subsection 2 will be equal to the fee charged for the type of Qualified Health Plan provided in paragraph (a) of subsection 2 plus the fee charged for the type of contract of insurance provided in~~

~~paragraph (c) of subsection 2. To determine the average premium for each type of Qualified Health Plan or dental contract of insurance described in this subsection, the Exchange will use the average pre-subsidy premium of the Qualified Health Plans or dental contracts of insurance offered in the Exchange.~~

Section 2. This regulation becomes effective upon Board approval for purposes of setting the 2016 fees. Upon adoption, this regulation shall be filed with the Secretary of State. Notice of the hearing on adoption of the fees for 2016 posted no later than 9 am, February 9, 2015 shall be effective notice thereof.