HEALTH DISCOUNT PLANS, FILINGS, RECORDKEEPING, LICENSING RENEWAL DATES, DELIVERY OF EVIDENCE OF INSURANCE, INSURANCE CLAIMS, ANNUITY CONTRACT DISCLOSURES, FEES AND DEFINITIONS

ADDITIONAL REGULATIONS NOTICE INFORMATION (AS 44.62.190(d))

1.	Adopt	ing agency: Division of Insurance, Department of Commerce, Community, and Economic			
	Develo	ppment			
2.	General subject of regulation: health discount plans, filings, recordkeeping, licensee renewal				
	dates,	delivery of evidence of insurance, insurance claims, annuity contract disclosures,			
	definit	ions and returned check fee.			
3.	Citation of regulation (may be grouped): 3 AAC 21.480, 3 AAC 23.860, 3 AAC 25.060, 3 AAC				
	<u> 26.040</u>	3 AAC 26.050, 3 AAC 26.070, 3 AAC 26.075, 3 AAC 26.110, 3 AAC 26.300, 3 AAC			
	<u> 26.755</u>	5, 3 AAC 26.769, 3 AAC 28.370, 3 AAC 29.220, 3 AAC 29.280, 3 AAC 29.500, 3 AAC			
	<u> 29.550</u>), 3 AAC 30.200, 3 AAC 31.050, 3 AAC 31.060, 3 AAC 31.205, 3 AAC 31.210, 3 AAC			
	31.215	5, 3 AAC 31.217, 3 AAC 31.221, 3 AAC 31.225, 3 AAC 31.230, 3 AAC 31.235, 3 AAC			
	31.250), and 3 AAC 31.700 – 3 AAC 31.790.			
4.	Depart	ment of Law file number, if any:			
5.	Reason	n for the proposed action:			
	(x)	Compliance with federal law or action (identify): 3 AAC 26.110 is being amended to			
		meet the federal requirement that emergency services be paid at the in-network cost			
		sharing amount. 42 U.S.C. 300gg-19A (Public Health Service Act), 42 U.S.C. 1395dd			
		(Social Security Act) and 45 C.F. R. 147.138. This section is also being amended to meet			
		the federal network adequacy requirement under 42 U.S.C. 300gg-1(c) (Public Health			
		Service Act.			
	()	Compliance with new or changed state statute			
	()	Compliance with Federal or state court decision (identify)			
	(x)	Development of program standards			
	(x)	Other (identify): Implementation of AS 21.36.505			
6.	Appro	priation/Allocation:			
7.	Fetime	ated annual costs in the aggregate to comply with the proposed action to:			
<i>,</i> .		ate person: Persons desiring to sell, solicit, or negotiate health discount plans in this state			
	will be required to register with the division and pay an initial registration fee of \$1,000. The				
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	applica discou	al renewal fee would be \$200. The division estimates the cost of completing the registration ation to be \$1,500. The total aggregate annual costs for the regulations relating to health nt plans is estimated to be \$21,000. The division is also proposing a returned check fee of fost of the remaining regulation changes relate to filings. The division does not have the			

resources or data to develop a reasonable estimate without subjecting the affected insurers to a data call which the division believes would be an unnecessary expense for the insurers to answer. The division does anticipate insurers will need to devote more time and resources to comply with

Initial Year Subsequent FY 16		are anticipated.				
Operating Cost Capital Cost S O S O S O S O S O S O S O S O S O S	Cost of implementation to the state agency and available funding (in thousands of dollars):					
Operating Cost Capital Cost \$ 0		Initial Year	Subsequent			
Capital Cost \$ 0		FY <u>16</u>				
1002 Federal receipts \$ 0 \$ 0 \$ 0 \$ 1003 General fund match \$ 0 \$ 0 \$ 0 \$ 1004 General fund \$ 0 \$ 0 \$ 0 \$ 1005 General fund/ program \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	Operating Cost	\$_0	\$ <u>0</u>			
1003 General fund match \$ 0 \$ 0 \$ 0 \$ 1004 General fund \$ 0 \$ 0 \$ 0 \$ 1005 General fund/program \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$	Capital Cost	\$_0	\$_0			
1004 General fund/ 1005 General fund/ program \$ _ 0	1002 Federal receipts	\$_0	\$_0			
1005 General fund/ program \$_0	1003 General fund match	\$ 0	\$ <u>0</u>			
Other (identify) \$\[0 \] \\$ \[0 \] \] The name of the contact person for the regulation: Name: \[\] Chip Wagoner Title: \[\] Regulations Specialist II Address: \[\] Division of Insurance P.O. Box 110805, Juneau, AK 99811-0805 Telephone: \[\] (907) 465-8486 E-mail address \[\] Chip.wagoner@alaska.gov The origin of the proposed action: \[X \] Staff of state agency \[\] Federal government \[\] General public \[\] Petition for regulation change \[\] Other (identify) Date: \[\] 10/28/15 \[\] Prepared by: \[\] Ay \[\] Ay \[\] Signature	1004 General fund	\$_0	\$_0			
Other (identify) \$_0	1005 General fund/					
The name of the contact person for the regulation: Name:Chip Wagoner Title:Regulations Specialist II Address:Division of InsuranceP.O. Box 110805, Juneau, AK 99811-0805 Telephone:(907) 465-8486 E-mail addresschip.wagoner@alaska.gov The origin of the proposed action:X Staff of state agency Federal government General public Petition for regulation change Other (identify) Date: ID/28/15 Prepared by:	program	\$_0	\$ <u>0</u>			
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Federal government General public Petition for regulation change Other (identify) Date: Prepared by: [signature]						
General public Petition for regulation change Other (identify) Date: 10/28/15 Prepared by: Ayman [signature]						
Petition for regulation change Other (identify) Date: Prepared by: Repared by: [signature]						
Date: Other (identify) Prepared by: Ay Nagor [signature]						
Date: 10/28/15 Prepared by: Ry Wayne [signature]						
		Prepared by:	Ry Wagon			
			- [signature]			
Name (printed): Chip Wagoner		Name (printe	d): Chin Wagoner			
Title (printed): Regulations Specialist II		Telephone:				