# INSURE OKLAHOMA ESI HEALTH PLAN APPLICATION PROCESS FOR INSURANCE CARRIERS

#### **Evaluation Procedure**

The Oklahoma Health Care Authority (OHCA) will conduct a comprehensive and fair evaluation of individual health plans received in response to this application. Applications will be evaluated based upon requirements set by OHCA.

### **Step 1: Minimum Qualifications**

OHCA has established minimum qualifications that must be met in order to qualify as an IO Employer Sponsored Insurance Health Plan. Please refer to the Insure Oklahoma website at <a href="https://www.insureoklahoma.org">www.insureoklahoma.org</a> and review the Insure Oklahoma Rules (located under the "About Us" tab) to ensure the plan meets OHCA basic requirements.

#### **Step 2:** Complete the application process

Please address each section of the application process separately and label each section according to the chapters below. Carrier should ensure that the response to this application addresses each section. Failure to follow the requested format may result in the plan being returned to Carrier unevaluated. Submit one (1) hard copy in a three ring binder and an electronic media copy in Microsoft Word, Excel or Adobe acrobat 8.0 to:

Insure Oklahoma Oklahoma Health Care Authority 4345 North Lincoln Blvd. Oklahoma City, OK 73105

#### **Step 3: Chapter 1 - Qualified Health Plan Application**

Complete the Health Plan Application (Attachment A) and insert under chapter one. Only one health plan may be submitted per application (i.e. if you are submitting more than one health plan for review you must complete the entire process for each health plan submitted).

## **Step 4: Chapter 2 - Statement of Benefits**

Provide a sample of the health plan coverage policy description. This description is provided to the employer. The description must include the deductibles, co-pay and co-insurance information and additional riders attached to the policy. The description should include all possible permutations.

## **Step 5:** Chapter 3 - Covered Benefits

Provide information regarding health and pharmacy benefits.

## **Step 6: Chapter 4 - Description of Premium Calculation**

Provide examples of all types of rating methods or calculations for the subscriber, subscriber's spouse and children. We need to know if the rates are based on age, location or any other methodology used to determine health plan rates for the

subscriber and their family member. Also provide the age-up policy used for the subscriber and subscriber's spouse. *Complete Attachment B*.

**Step 7:** Chapter 5 - Explanation of Benefits (EOB) and Premium Rate Sheet Provide a sample EOB, premium rate sheet and a sample invoice for the health plan.

**Step 8: Chapter 6 - Oklahoma Insurance Department Filing Information**Please complete all of the fields in Attachment C.