Under 45 C.F.R § 144.103 and § 147.145, student health insurance is defined as a type of individual market health insurance coverage that is offered to students and their dependents under a written agreement between an institution of higher education and an issuer. Student health insurance is also considered individual insurance under 40 P.S. § 3801.301 et seq.

Therefore, in accordance with state and federal law, the Pennsylvania Insurance Department will review student health insurance forms as individual coverage. Student health insurance must include all required provisions and state mandates that apply to individual coverage, and must comply with all applicable federal laws. Please note that student health forms should not contain any language referencing ERISA, as ERISA is group coverage specific. The only federal laws applicable to individual health insurance that are modified in their application to student health insurance are those described in 45 C.F.R § 147.145(b). The two modifications pertinent to form filings involve guaranteed availability and guaranteed renewability, in §147.145(b)(1), as follows:

“(ii) For purposes of section 2702 of the Public Health Service Act, a health insurance issuer that offers student health insurance coverage is not required to accept individuals who are not students or dependents of students in such coverage, and, notwithstanding the requirements of §147.104(b), is not required to establish open enrollment periods or coverage effective dates that are based on a calendar policy year or to offer policies on a calendar year basis.

(iii) For purposes of section 2703(a) of the Public Health Service Act, a health insurance issuer that offers student health insurance coverage is not required to renew or continue in force coverage for individuals who are no longer students or dependents of students.”

SERFF Submission and Required Documents
Student health insurance submissions must be filed under the TOI of H22 Student Health Insurance, using the sub TOI of H22.0000 Student Health Insurance.

A current checklist, worksheet, and certification, which are available on the Department’s website, must be completed and submitted with the form filing. This information should be attached in the Supporting Documentation tab, not the Form Schedule. Due to the marketing process for this type of coverage, the Department will allow variability within the form to accommodate negotiated provisions. Required provisions and state mandates cannot be variable, and entire pages of the form may not be marked as variable.

As stated in the PY18-19 form guidance, any visit limit for habilitative services should be removed. This is consistent with our review of ACA comprehensive major medical filings for PY19 in that the service is subject to parity requirements. Our recommendation is that issuers update their forms to note that visit limits on habilitative services are not applied if those services are prescribed for treatment of a mental health condition or substance use disorder, and provide benefits accordingly.

The Department anticipates that the approved form is likely to contain substantial variability. The Department will require that a copy of the finally executed form be provided to the Department for informational purposes. The company must submit this non-redacted form as a separate filing, linking to the originally approved form via use of the corresponding filing tracking number on the General Information tab.

Redlines are a very important part of the review process for this type of product. Issuers are reminded that redlines are required, along with detailed comments in the filing that describe the specific revisions to the form.
Timeline
The form filing must be submitted by February 1, 2019. The Department will endeavor to review and approve the filing by March 15, 2019. The filing will be made public through SERFF upon approval. Within 15 business days of finalizing a contract with an institution, the insurer must submit the finally executed forms to the Department; the submission will be processed as ‘Informational Only’. The institution-specific filing may contain a request for confidentiality. If warranted, the Department will honor this request.

Issuers are reminded that a Group Specific Named Group Rate Filing must be submitted for the rates for fully insured Student Health Insurance plans, as referenced in the Rate Filing Guidance posted on the Department’s website.