

304.17A-410 Definitions for KRS 304.17A-400 to 304.17A-480.

As used in KRS 304.17A-400 to 304.17A-480, unless the context requires otherwise:

- (1) "Actual guaranteed acceptance program plan losses" means a dollar amount calculated by subtracting an insurer's guaranteed acceptance program plan claims from that insurer's guaranteed acceptance program plan premiums;
- (2) "Benefits" means amounts paid by an insurer to covered lives or to third parties for the benefit of covered lives. "Benefits" do not include an insurer's administrative costs, any assessments under the plan, allocated loss adjustment expenses, reserves, or other overhead costs;
- (3) "Guaranteed acceptance program plan claims" or "alternative underwriting mechanism losses" means the dollar amount of benefits actually paid by an insurer on behalf of a guaranteed acceptance plan enrollee for claims that were incurred while the individual was a guaranteed acceptance program plan enrollee or another claim measurement formula as the department may establish by administrative regulation to measure an insurer's costs, other than administrative costs, allocated loss adjustment expenses, reserves, or other overhead costs, with respect to a program plan;
- (4) "Guaranteed acceptance program plan premiums" means the dollar amount of premiums received by an insurer with respect to program plans;
- (5) "Guaranteed acceptance risk adjustment process" means the process of allocating guaranteed acceptance program plan losses provided for in KRS 304.17A-460;
- (6) "Group market" means the health insurance market under which individuals obtain health insurance coverage, directly or through any arrangement, on behalf of themselves and their dependents through a group health plan or through any arrangement other than through the individual market, or through a federal health benefit plan or program;
- (7) "Health insurance stop-loss policy" means any policy of insurance that directly or indirectly protects, in whole or in part, an employer who self-insures health benefits covering any residents in Kentucky from the risk of paying benefits in excess of any specified amount;
- (8) "Market share" means a percentage calculated by dividing an insurer's health insurance coverage premiums in both the individual and group markets by the total amount of the health insurance coverage premiums in both the individual and group markets for all insurers;
- (9) "Other coverage" means coverage under any of the following:
 - (a) A group plan;
 - (b) Part A or Part B of Title XVIII of the Social Security Act, 42 U.S.C. secs. 1995c et seq.;
 - (c) A state plan under Title XIX of the Social Security Act, or any successor program;
 - (d) Continuation coverage under any COBRA continuation provisions as defined in 42 U.S.C. sec. 300gg-91(d)(4) or under a similar program under any state

law; or

- (e) Any other health insurance coverage which is not individual health insurance coverage;
- (10) "Premiums" means amounts paid to insurers to purchase health insurance coverage and includes all amounts paid however denominated, including, but not limited to, amounts indicated as being charged for administrative costs, allocated loss adjustment expenses, reserve or other overhead costs;
- (11) "Program" means the Kentucky Guaranteed Acceptance Program;
- (12) "Refund" means an amount to be paid to an insurer by the program;
- (13) "Stop-loss carrier" means any person providing health insurance stop-loss coverage;
- (14) "Stop-loss premiums" means amounts paid to purchase health insurance stop-loss coverage; and
- (15) "Total actual guaranteed acceptance program plan losses" means a dollar amount equal to the sum of the actual program plan losses of all insurers participating in the program.

Effective: July 15, 2010

History: Amended 2010 Ky. Acts ch. 24, sec. 1227, effective July 15, 2010. -- Amended 2002 Ky. Acts ch. 128, sec. 1, effective July 15, 2002. -- Created 1998 Ky. Acts ch. 496, sec. 16, effective April 10, 1998.