

Oregon Health Insurance Marketplace

1 **945-001-0002 (AMENDED)**

2 **Definitions**

3 The following definitions govern the meaning of terms used in administrative rules in this
4 chapter, except where the context otherwise requires:

5 (1) “Advance payments of the premium tax credit” means payment of the federal health
6 insurance premium tax credit on an advance basis to an eligible individual enrolled in a QHP
7 through the Marketplace.

8 (2) “Affordable Care Act” or “ACA” has the meaning given in 45 CFR 155.20.

9 (3) “American Indian”, for purposes of eligibility for tax credits and cost sharing benefits, means
10 an enrolled member of a federally recognized tribe.

11 (4) “Applicant” has the meaning given in 45 CFR 155.20.

12 **(5) “Automatically enroll” means the process of enrolling a qualified individual into a new**
13 **qualified health plan when, at renewal:**

14 **(a) The qualified individual’s qualified health plan issuer no longer offers qualified health**
15 **plans through the health insurance exchange; or**

16 **(b) There are no qualified health plans offered through the health insurance exchange**
17 **under the individual’s previous qualified health plan product.**

18 [(5)] (6) “Benefit year” has the meaning given in 45 CFR 155.20.

19 [(6)] (7) “Catastrophic plan” means a health plan described in §1302(e) of the Affordable Care
20 Act.

21 [(7)] (8) “CHIP” or “Children’s Health Insurance Program” means the portion of the Oregon
22 Health Plan established by Title XXI of the Social Security Act and administered by the Oregon
23 Health Authority.

24 [(8)] (9) “Cost sharing” has the meaning given in 45 CFR 155.20.

25 [(9)] (10) “Cost sharing reductions” has the meaning given in 45 CFR 155.20.

26 [(10)] (11) “DCBS” means the Oregon Department of Consumer and Business Services.

27 [(11)] (12) “Effectuation” means the activation of QHP or SADP coverage through enrollment
28 and payment of the first month’s premium.

29 [(12)] (13) “Employee” has the meaning given in section 2791 of the Public Health Services Act.

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- 1 [(13)] (14) “Employer” has the meaning given in 45 CFR 155.20.
- 2 [(14)] (15) “Enrollee” has the meaning given in 45 CFR 155.20.
- 3 [(15)] (16) “Essential health benefits” has the meaning given in OAR 836-053-0008.
- 4 [(16)] (17) “Federal poverty level” or “FPL” has the meaning given in 45 CFR 155.300.
- 5 [(17)] (18) “Full-time employee”:
- 6 (a) For plan years beginning prior to January 1, 2016, means an “eligible employee” as defined
7 in ORS 743.730.
- 8 (b) For plan years beginning on or after January 1, 2016, full-time employee has the meaning
9 given in section 4980H(c)(4) of the Internal Revenue Code.
- 10 [(18)] (19) “Health benefit plan” has the meaning given in ORS 741.300.
- 11 [(19)] (20) “Health care service contractor” has the meaning given in ORS 741.300.
- 12 [(20)] (21) “Health insurance” has the meaning given in ORS 741.300.
- 13 [(21)] (22) “Health insurance exchange” or “exchange” has the meaning given in ORS 741.300.
- 14 [(22)] (23) “Health plan” has the meaning given in ORS 741.300.
- 15 [(23)] (24) “Household” has the meaning given in 42 CFR 435.603.
- 16 [(24)] (25) “Household income” has the meaning given in 26 CFR 1.36B and 42 CFR 435.603.
- 17 [(25)] (26) “Individual market” has the meaning given the term in section 1304(a)(2) of the
18 ACA.
- 19 [(26)] (27) “Insurer” has the meaning given in ORS 741.300.
- 20 [(27)] (28) “Insurance affordability program” has the meaning given in 42 CFR 435.4.
- 21 [(28)] (29) “Lawfully present” has the meaning given in 45 CFR 152.2.
- 22 [(29)] (30) “MAGI-based Medicaid and CHIP” means Medicaid and CHIP programs for which
23 eligibility is based on modified adjusted gross income, and not primarily on age or disability.
- 24 [(30)] (31) “Medicaid” means medical assistance programs established by Title XIX of the
25 Social Security Act and administered in Oregon by the Oregon Health Authority.

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- 1 [(31)] (32) “Minimum contribution requirement in the case of a medical plan” means a small
2 employer must contribute at least 50 percent of the employee-only premium. If a small employer
3 elects to offer more than one medical plan to employees through SHOP, the minimum
4 contribution requirement will be determined based on a reference plan selected by the employer.
5 In the case of a dental plan, the employer must contribute at least \$20 per enrolling employee.
- 6 [(32)] (33) “Minimum essential coverage” has the meaning given in section 5000(A)(f) of the
7 Internal Revenue Code.
- 8 [(33)] (34) “Minimum participation requirement”, in the case of a medical plan, means that at
9 least 75 percent of the employees offered SHOP medical coverage must enroll. In the case of a
10 dental plan, at least 50 percent of the employees offered SHOP dental coverage must enroll.
- 11 [(34)] (35) “Modified adjusted gross income” or “MAGI” has the meaning given in 26 CFR
12 1.36B-1(e)(2).
- 13 [(35)] (36) “Oregon Health Insurance Marketplace” or “Marketplace” means the health insurance
14 exchange operated within DCBS for the State of Oregon pursuant to ORS chapter 741.
- 15 [(36)] (37) “Oregon Insurance Division” means the Insurance Division of DCBS.
- 16 [(37)] (38) “Pediatric dental benefits” has the meaning given in OAR 836-053-0008.
- 17 [(38)] (39) “Plan year” has the meaning given in 45 CFR 155.20.
- 18 [(39)] (40) “Qualified employer” means an employer who meets the requirements to participate
19 in the Small Business Health Options Program.
- 20 [(40)] (41) “Qualified health plan” or “QHP” has the meaning given in ORS 741.300.
- 21 [(41)] (42) “Qualified Individual” has the meaning given in 45 CFR 155.20.
- 22 [(42)] (43) “Resident” means an individual who lives in Oregon with or without a fixed address,
23 or intends to live in Oregon, including an individual who enters Oregon with a job commitment
24 or looking for work. There is no minimum amount of time an individual must live in Oregon to
25 be a resident. An individual continues to be a resident of Oregon during a temporary period of
26 absence if he or she intends to return when the purpose of the absence is completed. An
27 individual is not a resident if the individual is in Oregon solely for a vacation or other leisure
28 activity.
- 29 [(43)] (44) “Silver-level qualified health plan” means a QHP that provides a level of coverage
30 that is designed to on average provide benefits that are actuarially equivalent to 70 percent of the
31 full actuarial benefits provided under the plan.
- 32 [(44)] (45) “Small Business Health Options Program” or “SHOP” has the meaning given in ORS
33 741.300.

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1 [(45)] (46) “Small employer” has the meaning given in ORS 743.730.

2 [(46)] (47) “Standalone dental plan” or “SADP” means a health plan that provides pediatric
3 dental benefits and that is not offered in conjunction with a QHP.

4 [(47)] (48) “State program” has the meaning given in ORS 741.300.

5 [(48)] (49) “Tax filer” has the meaning given in 45 CFR 155.300.

6 Stat. Auth.: ORS 741.002

7 **945-020-0030 (New)**

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9 **Enrollment Authority of the Director**

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11 **In the event that an insurer ceases to provide qualified health plan coverage or ceases to**
12 **offer one or more qualified health plans under a qualified health plan product through the**
13 **health insurance exchange, the Director shall have the sole authority to determine:**

14 **(1) Whether a qualified individual enrolled in such a plan shall be automatically enrolled**
15 **into another qualified health plan offered through the health insurance exchange; and**

16 **(2) Into which, if any, qualified health plan, the qualified individual shall be automatically**
17 **enrolled.**

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19 Stat. Auth.: ORS 705.135, 741.002, and 741.003

20 Stats. Implemented: ORS 741.002