



**BULLETIN 21-02**

**TO: ALL INSURERS AUTHORIZED TO TRANSACT HEALTH INSURANCE IN THE  
STATE OF ALASKA AND OTHER INTERESTED PARTIES**

**RE: NON-GRANDFATHERED PLAN EXTENDED TRANSITION**

On January 19, 2021, the Centers for Medicare and Medicaid Services' Center for Consumer Information and Insurance Oversight (CCIIO) issued an Insurance Standards Bulletin further extending the transitional policy for an additional year. The current policy was outlined in Bulletin B 20-02, issued by the Division of Insurance on February 10, 2020.

Consistent with state requirements and the division's enforcement authority, the division will allow insurers the option to renew non-ACA-compliant individual and small group coverage if coverage has been continuously in effect since December 31, 2013. Policies may continue to be renewed on or before October 1, 2022, provided that all such coverage comes into compliance with the specified requirements by January 1, 2023. Insurers may early renew coverage or issue coverage for periods less than one year if a policy terminates prior to December 31, 2022.

It is important to note that in order for a transitional policy to be continued, individual coverage must have been in place on December 31, 2013. The guidance contained in this bulletin does not apply to "newly obtained coverage." "Newly obtained coverage" does NOT include normal enrollment changes (e.g., adding dependents or new employees) nor does it include coverage that has merely received a premium change or plan changes, such as modified copayments, coinsurance, deductibles, or provider networks, before or after December 31, 2013. It should be noted that these plan changes must conform to the uniform modification to coverage requirements under 45 CFR § 147.106.

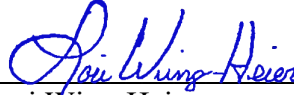
Insurers opting to renew non-ACA-compliant plans must provide disclosure to their enrollees, including notice that an enrollee's premium may be affected, either on the date of renewal or in advance of the date on which the premium change will be affected.

Keep in mind that health insurance rates must be filed with the division at least 45 days prior to the proposed effective date of the rates. Insurers that choose to take advantage of the transition plan and plan to offer renewal of non-grandfathered plans must submit rates for this non-grandfathered business as required under 3 AAC 31.235.

This bulletin applies to all insurers offering comprehensive individual health insurance plans. Any questions concerning this bulletin should be directed to Sarah Bailey at [sarah.bailey@alaska.gov](mailto:sarah.bailey@alaska.gov) or (907) 465-4608.

Bulletin B 21-02 supersedes Bulletin B 20-02.

Dated January 27, 2021

  
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Lori Wing-Heier  
Division Director