

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Center for Consumer Information & Insurance Oversight
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Title: Insurance Standards Bulletin Series – INFORMATION

Subject: Temporary Period of Relaxed Enforcement for Submitting the 2019 MLR Annual Reporting Form and Issuing MLR Rebates in Response to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency

I. Purpose

Section 2718 of the Public Health Service Act (PHS Act), as added by the Patient Protection and Affordable Care Act (PPACA), requires health insurance issuers (issuers) offering group or individual health insurance coverage to submit a report to the Secretary of the Department of Health and Human Services concerning their medical loss ratio (MLR) and requires them to issue an annual rebate to enrollees if the issuer's MLR is less than the applicable MLR standard established in sections 2718(b)(1)(A)(i) and (ii). Due to the urgent need to help facilitate the nation's response to the public health emergency posed by COVID-19,¹ the Centers for Medicare & Medicaid Services (CMS) is exercising discretion to adopt temporary policies of relaxed enforcement in connection with the below identified standards under the conditions outlined in this bulletin. CMS is providing this additional flexibility to permit issuers to prepay to enrollees a portion or all of the estimated MLR rebate for the 2019 MLR reporting year to support continuity of coverage for enrollees who may struggle to pay premiums because of illness or loss of income resulting from the COVID-19 public health emergency. Additionally, under this temporary policy of relaxed enforcement, CMS is extending the deadline by which it will accept 2019 MLR Annual Reporting Forms.

¹ On January 31, 2020, HHS Secretary Alex M. Azar II declared that as of January 27, 2020, a public health emergency exists nationwide as the result of the 2019 novel coronavirus. *See* Determination of the HHS Secretary that a Public Health Emergency Exists, <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>. On April 21, 2020, the HHS Secretary renewed the COVID-19 public health emergency declaration, effective April 26, 2020. *See* <https://www.phe.gov/emergency/news/healthactions/phe/Pages/covid19-21apr2020.aspx>. On March 13, 2020, the President declared that the outbreak of COVID-19 in the United States constitutes a national emergency beginning March 1, 2020. *See* Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak, issued March 13, 2020, <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novelcoronavirus-disease-covid-19-outbreak/>.

CMS believes this guidance is a statement of agency policy not subject to the notice and comment requirements of the Administrative Procedure Act (APA).² CMS additionally finds that, even if this guidance were subject to the public participation provisions of the APA, in light of the COVID-19 public health emergency, prior notice and comment for this guidance is impracticable and contrary to the public interest, and there is good cause to issue this guidance without prior public participation and without a delayed effective date.³

II. Background

Section 2718(b) of the PHS Act, and the implementing regulations at 45 CFR 158.210 and 158.240, require an issuer to provide an annual rebate to enrollees, on a pro rata basis, if the ratio of the amount of premium revenue expended by the issuer on reimbursement for clinical services provided to enrollees under the health insurance coverage and for activities that improve health care quality to the total amount of premium revenue (excluding Federal and state taxes and licensing or regulatory fees) is less than 80 percent in the individual and small group markets and 85 percent in the large group market.⁴ The MLR requirements are applicable to health insurance issuers in the individual, small group, and large group markets, including issuers of grandfathered health plan coverage⁵ and “grandmothered” (also known as “transitional”) plans subject to the CMS non-enforcement policy.⁶

In order to determine whether its MLR met the applicable standard, such an issuer is required to submit to CMS, by July 31st of the year following the end of an MLR reporting year, an Annual MLR Reporting Form concerning premium revenue and expenses related to the group and individual health insurance coverage that it issued.⁷

45 CFR 158.241 permits an issuer to provide MLR rebates in the form of a premium credit, lump-sum check, or, if an enrollee paid the premium using a credit card or direct debit, by lump-sum reimbursement to the account used to pay the premium. Issuers that choose to provide the rebate via a lump-sum check or lump-sum reimbursement to the account used to pay the premium must issue the rebate *no later than* September 30 following the end of the MLR reporting year.⁸ Issuers that elect to provide rebates in the form of a premium credit

² See 5 U.S.C. 553(b)(3)(A).

³ See 5 U.S.C. 553(b)(3)(B) and (d)(3).

⁴ For the sole purpose of determining whom is entitled to receive a MLR rebate, the term “enrollee” means the subscriber, policyholder, and/or government entity that paid the premium for health care coverage received by an individual during the respective MLR reporting year. See 45 CFR 158.240(b).

⁵ Grandfathered health plan coverage means coverage provided by a group health plan, or a group or individual health insurance issuer, in which an individual was enrolled on March 23, 2010 (for as long as it maintains that status under the rules of 45 CFR 147.140). See 45 CFR 147.140(a).

⁶ On November 14, 2013, CMS issued a letter to the State Insurance Commissioners outlining a policy of non-enforcement of specified market reforms for certain non-grandfathered coverage in the individual and small group health insurance markets. CMS has continuously extended this non-enforcement policy, with the most recent extension in effect until policy years beginning on or before October 1, 2021, provided that all such coverage comes into compliance by January 1, 2022. See Extended Non-Enforcement of Affordable Care Act-Compliance With Respect to Certain Policies, issued January 31, 2020, available at <https://www.cms.gov/files/document/extension-limited-non-enforcement-policy-through-calendar-year-2021.pdf>.

⁷ 45 CFR 158.110(b).

⁸ 45 CFR 158.240(e).

must apply the rebate to the first month's premium that is due *on or after* September 30 following the MLR reporting year.⁹ When the rebate is provided in the form of a premium credit and the total amount of the rebate owed exceeds the premium due for October, then any excess rebate amount must be applied to succeeding premium payments until the full amount of the rebate has been credited.¹⁰

An issuer's MLR and rebate calculations must account for, among other things, the net payments or receipts related to the risk adjustment program under section 1343 of the PPACA, 42 U.S.C. 18063. As part of the Administration's efforts to combat COVID-19, CMS adopted a temporary policy of relaxed enforcement and updated the 2019 Benefit Year Risk Adjustment timeline for EDGE server data submissions such that the deadline for submission of final 2019 Benefit Year Risk Adjustment data was extended to 4:00 p.m. EDT on May 14, 2020.¹¹ This extension shifted the timeline for release of the 2019 Benefit Year Summary Risk Adjustment Report to no later than July 17, 2020.¹²

III. Guidance

Timing of Submission of the 2019 MLR Annual Reporting Form

As a result of the updated 2019 Benefit Year Risk Adjustment timeline, issuers may require additional time to complete and submit the 2019 MLR Annual Reporting Form. Therefore, CMS will not take enforcement action against an issuer that submits the 2019 MLR Annual Reporting Form by August 17, 2020, instead of July 31, 2020, as required by 45 CFR 158.110(b).

2019 MLR Rebate Prepayment

CMS will not take enforcement action against an issuer that elects to pay a portion or all of its estimated 2019 MLR rebate in the form of a premium credit prior to September 30, 2020 and in advance of filing its 2019 MLR Annual Reporting Form under the conditions outlined in this bulletin. An issuer that chooses to provide the rebate via a lump-sum check or lump-sum reimbursement to the account used to pay the premium may also pay a portion or all of its estimated 2019 MLR rebate in advance of filing the 2019 MLR Annual Reporting Form, under the conditions outlined in this bulletin.

Issuers that elect to take advantage of these flexibilities must do so to the extent consistent with state law or other applicable state authority, for all eligible enrollees in a given state and market, and in a non-discriminatory manner.

If, after filing the 2019 MLR Annual Reporting Form, an issuer that prepaid all or a portion of its estimated 2019 MLR rebate determines that such prepayment is less than the total 2019 rebate amount owed to an enrollee, the issuer must provide that enrollee with the remaining

⁹ 45 CFR 158.241(a)(2).

¹⁰ 45 CFR 158.241(a)(2).

¹¹ See https://www.regtpa.info/ann_view.php?id=268.

¹² Ibid.

portion of the rebate in accordance with the applicable time frames established in 45 CFR 158.240(e) and 158.241(a)(2). In accordance with 45 CFR 158.240(f), an issuer that fails to do so will be required to pay the enrollee the remaining portion of the rebate plus interest, at ten percent annually, accruing from the date payment was due.

Notice Requirements

45 CFR 158.250 requires each issuer that must provide a rebate to provide a notice containing information about its MLR and the rebate to enrollees who are receiving a rebate. On May 29, 2015, CMS published standard notices that issuers must use to fulfill this requirement.¹³ In light of the unique circumstances presented by the prepayment of estimated MLR rebates, CMS will exercise enforcement discretion to allow issuers to modify these standard notices, as appropriate. To assist issuers, attached to this bulletin are revised, suggested model notices for the individual market that reflect the prepayment of MLR rebates, along with instructions for completing the notices. Issuers that elect to take advantage of these flexibilities may utilize these attached notices to satisfy the notice requirement in 45 CFR 158.250, and can make similar revisions to the standard notices for the group market.

De Minimis Rebates

Under 45 CFR 158.243(a), an issuer is not required to provide a rebate to an enrollee based upon the premium that enrollee paid if the total rebate owed to that enrollee for a given MLR reporting year does not meet the minimum threshold established therein. Therefore, if the total 2019 rebate amount owed to an enrollee is considered *de minimis* pursuant to the applicable threshold established in 45 CFR 158.243(a), the issuer may aggregate and distribute any *de minimis* rebates utilizing the method described in 45 CFR 158.243(b). The temporary policy of relaxed enforcement outlined in this bulletin does not extend to this *de minimis* provision. Therefore, if after prepayment, only the remaining 2019 rebate owed to an enrollee is *de minimis*, the issuer cannot treat it as such and must provide the total remaining 2019 rebate amount to the eligible 2019 enrollee in accordance with the applicable time frames established in 45 CFR 158.240(e) and 158.241(a)(2).

¹³ See Notice to Subscribers in the Individual Market (Notice #1), available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/mlr-notice-1-to-subscribers-in-individual-market-20150528.pdf>; Notice to Group Policyholders and Their Subscribers, Rebate Sent to the Policyholder (Notice #2), available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/mlr-notice-2-group-markets-rebate-to-policyholder-20150528.pdf>; Notice to Subscribers of Group Policyholders, Rebate Sent to the Subscribers (Notice #3), available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/mlr-notice-3-group-markets-rebate-to-subscribers-20150528.pdf>; and Instructions for Notices 1, 2 and 3, available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/mlr-rebate-notice-instructions-20150528.pdf>. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1164.

Overpaid 2019 MLR Rebates

If, after filing the 2019 MLR Annual Reporting Form, an issuer that prepaid a portion or all of its estimated 2019 MLR rebate determines that such prepayment exceeds the total 2019 rebate amount owed, the issuer can include the overage when calculating the limit on the rebate amount payable for 2020 or 2021 in accordance with 45 CFR 158.240(d), if applicable. This may enable such an issuer to reduce the 2020 or 2021 rebate payment by approximately the amount of the 2019 rebate overpayment.

MLR Reporting Requirements

CMS intends to provide further information to guide reporting of prepaid rebate amounts by issuers that elect to take advantage of these flexibilities when they file their 2019 MLR Annual Reporting Form.¹⁴ Additionally, we remind issuers that they must correctly report 2020 earned premium when filing the 2020 MLR Annual Reporting Form, and must not reduce the reported 2020 earned premium by the amount of any prepaid 2019 rebates.¹⁵

IV. Where to Get More Information

If you have any questions regarding this Bulletin, please contact CMS by email at MLRQuestions@cms.hhs.gov.

¹⁴ 45 CFR 158.260(d).

¹⁵ 45 CFR 158.130(b)(3).

Attachment 1

This model notice would accompany the prepaid estimated 2019 MLR rebate in the individual market.

Notice of Health Insurance Premium Rebate

[Month, Day, 2020 **1**]

[Subscriber or Policyholder Name **2a**
123 Main Street **2b**
Anytown, USA **2c**]

Re: Health Insurance Premium Rebate for Year 2019; [Policy #XXXXXX **3**]

Dear [Subscriber or Policyholder Name **4**]:

This letter is to inform you that you will receive a rebate of a portion of your health insurance premiums. This rebate is required by the Affordable Care Act – the health reform law. Because of COVID-19 and the financial burdens associated with it, [Health Insurer **5**] is providing you an estimated 2019 Medical Loss Ratio rebate earlier than usual this year.

Each July, [Health Insurer **6**] compiles data concerning premium revenue and expenses in order to determine whether it met the Medical Loss Ratio standard of the Affordable Care Act. While [Health Insurer **7**] does not yet have sufficient data to confirm its Medical Loss Ratio for 2019, [Health Insurer **8**] is providing an estimated 2019 Medical Loss Ratio rebate now based on the data currently available.

The Affordable Care Act requires [Health Insurer **9**] to issue a rebate to you if [Health Insurer **10**] does not spend at least 80 percent of the premiums it receives on health care services, such as doctors and hospital bills, and activities to improve health care quality, such as efforts to improve patient safety. No more than 20 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This requirement is referred to as the “Medical Loss Ratio” standard or the “80/20 rule.” The 80/20 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 80 /20 rule and other provisions of the health reform law at: <https://www.healthcare.gov/health-care-law-protections/rate-review/>.

[The Affordable Care Act allows States to require health insurers to meet a higher ratio. [Your State **11**] sets a higher Medical Loss Ratio standard, so [Health Insurer **12**] must meet a [XX% **13**] Medical Loss Ratio, meaning that [XX% **14**] of premiums must be spent on medical services and activities to improve health care quality, and no more than [XX% **15**] of premiums can be spent on administrative costs.]

What the Medical Loss Ratio Rule Means to You

The Medical Loss Ratio rule is calculated on a State by State basis. In [your State **16**], [Health Insurer **17**] does not expect to meet the Medical Loss Ratio standard for 2019. [Health Insurer

18] anticipates that the data will show it spent only [XX% **19**] of a total of approximately [\$YYY **20**] in expected premium dollars on health care and activities to improve health care quality in 2019. Since it will likely miss the [80 percent target / target in your State **21**] by [XX% **22**] of premium it receives in 2019, [Health Insurer **23**] is electing to provide an estimated rebate of [XX% / \$XX **24**] of your health insurance premiums now. In the event that [Health Insurer's **25**] actual MLR for 2019 results in a higher total rebate owed to you, you will receive an additional premium rebate later this year. [OPTIONAL FOR ISSUERS: In the event that [Health Insurer's **26**] actual MLR for 2019 results in a lower total rebate owed to you than the amount provided right now, [describe the actions the issuer intends to take with respect to any rebate overpayment to the recipient **27**] **28**].

[We are enclosing a check/We are sending you a check separately from this letter/We are giving you this rebate by reducing your next premium payment/We are issuing a credit to the credit or debit card you used to pay your premium **29**]. [OPTIONAL FOR ISSUERS: Your rebate/credit provided right now is \$XX **30**].

Need more information?

If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact [Health Insurer **31**] toll-free at [1-XXX-XXX-XXX **32**] or [website or email address **33**].

Sincerely,

[John Doe, Authorized Executive **34**] [Health Insurer **35**]

Attachment 2

This model notice would accompany the payment of any remaining 2019 MLR rebate owed in the individual market.

Notice of Health Insurance Premium Rebate

[Month, Day, 2020 **1**]

[Subscriber or Policyholder Name **2a**
123 Main Street **2b**
Anytown, USA **2c**]

Re: Health Insurance Premium Rebate for Year 2019; [Policy #XXXXXX **3**]

Dear [Subscriber or Policyholder Name **4**]:

This letter is to inform you that you will receive a rebate of a portion of your health insurance premiums. This rebate is required by the Affordable Care Act – the health reform law. Because of COVID-19 and the financial burdens associated with it, [Health Insurer **5**] provided you an estimated 2019 Medical Loss Ratio rebate earlier this year.

Each July, [Health Insurer **6**] compiles data concerning premium revenue and expenses in order to determine whether it met the Medical Loss Ratio standard of the Affordable Care Act. At the time [Health Insurer **7**] provided you an estimated 2019 Medical Loss Ratio rebate earlier this year, it did not yet have sufficient data to confirm its Medical Loss Ratio standard for 2019 and the actual 2019 rebate you are owed. [Health Insurer **8**] has since determined its actual Medical Loss Ratio for 2019 and is providing your remaining 2019 Medical Loss Ratio rebate now.

The Affordable Care Act requires [Health Insurer **9**] to issue a rebate to you if [Health Insurer **10**] does not spend at least 80 percent of the premiums it receives on health care services, such as doctors and hospital bills, and activities to improve health care quality, such as efforts to improve patient safety. No more than 20 percent of premiums may be spent on administrative costs such as salaries, sales, and advertising. This requirement is referred to as the “Medical Loss Ratio” standard or the “80/20 rule.” The 80/20 rule in the Affordable Care Act is intended to ensure that consumers get value for their health care dollars. You can learn more about the 80 /20 rule and other provisions of the health reform law at: <https://www.healthcare.gov/health-care-law-protections/rate-review/>.

[The Affordable Care Act allows States to require health insurers to meet a higher ratio. [Your State **11**] sets a higher Medical Loss Ratio standard, so [Health Insurer **12**] must meet a [XX% **13**] Medical Loss Ratio, meaning that [XX% **14**] of premiums must be spent on medical services and activities to improve health care quality, and no more than [XX% **15**] of premiums can be spent on administrative costs.]

What the Medical Loss Ratio Rule Means to You

The Medical Loss Ratio rule is calculated on a State by State basis. In [your State **16**], [Health Insurer **17**] did not meet the Medical Loss Ratio standard for 2019. In 2019, [Health Insurer **18**] spent only [XX% **19**] of a total of [\$\$\$ **20**] in premium dollars on health care and activities to improve health care quality. Since it missed the [80 percent target / target in your State **21**] by [XX% **22**] of premium it received in 2019, [Health Insurer **23**] must rebate [XX% **24**] of your health insurance premiums. Because [Health Insurer **25**] previously provided an estimated MLR rebate of [XX% / \$\$\$ **26**], we are now rebating you the remaining [XX% / \$\$\$ **27**] of your health insurance premiums.

[We are enclosing a check/We are sending you a check separately from this letter/We are giving you this rebate by reducing your next premium payment/We are issuing a credit to the credit or debit card you used to pay your premium **28**]. [OPTIONAL FOR ISSUERS: Your rebate/credit provided right now is \$\$\$ **29**].

Need more information?

If you have any questions about the Medical Loss Ratio and your health insurance coverage, please contact [Health Insurer **30**] toll-free at [1-XXX-XXX-XXX **31**] or [website or email address **32**].

Sincerely,

[John Doe, Authorized Executive **33**] [Health Insurer **34**]

Attachment 3

Instructions for Completing Each Model Notice

On each of the notices, there are a number of fields that must be completed. For ease of reference, the notices label each field with a number. Instructions for each notice are provided below. These instructions describe the information to use in each numerical field. Some of the fields require information from the issuer's MLR Annual Reporting Form (MLR Form). For such fields, reference is made to the Part and Line of the MLR Form in which the required information is reported, e.g., MLR Form, Part 1, Line 2.1. Within each notice, many of the labeled fields require the same information. The information entered on each notice should be for the relevant state and market (individual, small group, large group) for the policyholder or subscriber receiving the notice.

Attachment #1 Model Notice of Estimated 2019 MLR Rebate - Individual Market Subscribers

Field(s)	Instruction
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- **1** Enter the date the notice is sent.
- **2** Enter the subscriber's name and mailing address.
 - **2a** - Enter the subscriber's first and last name.
 - **2b** - Enter the subscriber's street address.
 - **2c** - Enter the subscriber's city, State and zip code.
- **3** Enter the policy number of the subscriber's policy.
- **4** Enter the subscriber's full name.
- **5, 6, 7, 8, 9, 10, 12, 17, 18, 23, 25, 26, 31, 35** Enter the name of the issuer responsible for providing the estimated rebate.
- **11-15** The entire paragraph that contains Fields 11-15 should only be used if the subscriber resides in a State that requires a loss ratio higher than 80 percent in its individual market.
- **11, 16** Enter either the name of the State in which the MLR experience applies or the words "your State."
- **13, 14** Enter the MLR standard required by the subscriber's State for the individual market.
- **15** Enter the percentage difference between 100 percent and the MLR standard entered in Fields 13 and 14.
- **19** Enter the issuer's estimated MLR for 2019.
- **20** Enter the estimated total amount of premium dollars the issuer received, adjusted for taxes and regulatory fees for 2019.
- **21** Enter "80 percent target" if issuers in the individual market in the subscriber's State must meet an 80 percent MLR. Enter the MLR standard required by the State if the subscriber's State requires an MLR standard that is higher than 80 percent.
- **22** Enter the percentage difference between the MLR the issuer is required to meet and its estimated MLR.
- **24** Enter the percentage of the estimated health insurance premiums that the issuer is rebating, or enter the dollar amount of the estimated rebate being provided to each subscriber.

- **27** Enter a description of the actions the issuer intends to take with respect to any rebate overpayment to the recipient. This may include whether the enrollee will not or may be required to return the overage.
- **28** OPTIONAL FOR ISSUERS: Issuers may, at their option, choose to insert text regarding actions the issuer will take in the event that the actual MLR for 2019 is higher than the issuer originally estimated, and the issuer overpaid 2019 MLR rebates.
- **29** Please select the wording in this bracket that represents the method of the rebate.
- **30** OPTIONAL FOR ISSUERS: Issuers may, at their option, choose to insert the amount of the rebate being provided to each subscriber.
- **32, 33** Enter both the toll-free telephone number that subscribers may call and also a website or email address that subscribers may visit or email if they have questions regarding the MLR and their rebate.
- **34** Enter the name of one of the executives of the issuer authorized to attest to the information in the MLR Annual Reporting Form. The notice must be signed by one of these authorized executives. No exceptions are permitted.

Attachment #2 Model Notice of Remaining 2019 MLR Rebate - Individual Market Subscribers
Field(s) Instruction

- **1** Enter the date the notice is sent.
- **2** Enter the subscriber's name and mailing address.
 - **2a** - Enter the subscriber's first and last name.
 - **2b** - Enter the subscriber's street address.
 - **2c** - Enter the subscriber's city, State and zip code.
- **3** Enter the policy number of the subscriber's policy.
- **4** Enter the subscriber's full name.
- **5, 6, 7, 8, 9, 10, 12, 17, 18, 23, 25, 30, 34** Enter the name of the issuer responsible for providing the rebate.
- **11-15** The entire paragraph that contains Fields 11-15 should only be used if the subscriber resides in a State that requires a loss ratio higher than 80 percent in its individual market.
- **11, 16** Enter either the name of the State in which the MLR experience applies or the words "your State."
- **13, 14** Enter the MLR standard required by the subscriber's State for the individual market.
- **15** Enter the percentage difference between 100 percent and the MLR standard entered in Fields 13 and 14.
- **19** Enter the issuer's actual MLR, as reported on the MLR Form, Part 3, Line 4.3.
- **20** Enter the total amount of premium dollars the issuer received, adjusted for taxes and regulatory fees, as reported on the MLR Form, Part 3, Line 2.3. Issuers must not reduce the reported 2020 earned premium by the amount of prepaid 2019 rebates.
- **21** Enter "80 percent target" if issuers in the individual market in the subscriber's State must meet an 80 percent MLR. Enter the MLR standard required by the State if the subscriber's State requires an MLR standard that is higher than 80 percent.

- **22, 24** Enter the percentage difference between the MLR the issuer is required to meet and its actual MLR. This is the amount reported on the MLR Form, Part 3, Line 5.1, minus the amount reported on the MLR Form, Part 3, Line 5.2.
- **26** Enter the percentage of the estimated health insurance premiums that the issuer previously rebated, or enter the dollar amount of the estimated rebate the issuer previously provided to each subscriber.
- **27** Enter the percentage difference between the percentage entered in Fields 22 and 24, and the percentage entered in Field 26, or enter the difference between the dollar amount of the total rebate owed to the subscriber and the dollar amount of the estimated rebate that the issuer previously provided to each subscriber in Field 26.
- **28** Please select the wording in this bracket that represents the method of the rebate.
- **29** OPTIONAL FOR ISSUERS: Issuers may, at their option, choose to insert the amount of the rebate being provided to each subscriber.
- **31, 32** Enter both the toll-free telephone number that subscribers may call and also a website or email address that subscribers may visit or email if they have questions regarding the MLR and their rebate.
- **33** Enter the name of one of the executives of the issuer authorized to attest to the information in the MLR Annual Reporting Form. The notice must be signed by one of these authorized executives. No exceptions are permitted.