11 NCAC 12 .0321 RATE FILING: HMO

(a) All schedules of premiums for enrollee coverage for health care services, or amendment thereto, shall be filed in duplicate in accordance with 11 NCAC 12 .0307(b)(5), indicating whether the schedule is original or amended.

(b) All filings shall be accompanied by:

(1) A certification by the chief executive officer of the corporation that the premiums applicable to an enrollee are not individually determined based on the status of his health;

(2) A certification by an actuarial expert that such premiums are established in accordance with actuarial principles for various categories of enrollees and are not excessive, inadequate, or unfairly discriminatory;

(3) Actuarial data supporting the schedule of premiums;

(4) Such other data deemed necessary by the commissioner to determine whether to approve or disapprove the filing;

(c) Actuarial data and rates required by this Rule shall be filed in triplicate.

History Note: *Authority G.S. 58-67-50; 58-67-150;*
Eff. January 22, 1980;
Amended Eff. February 1, 1992.