

514K.1 Health care plan disclosures — information to enrollees.

1. A health maintenance organization or an insurer using a preferred provider arrangement shall provide to each of its enrollees at the time of enrollment, and shall make available to each prospective enrollee upon request, written information as required by rules adopted by the commissioner. The information required by rule shall include but not be limited to all of the following:

- a. A description of the plan's benefits and exclusions.
- b. Enrollee cost-sharing requirements.
- c. A list of participating providers.
- d. Disclosure of the existence of any drug formularies used and, upon request, information about the specific drugs included in the formulary.
- e. An explanation for accessing emergency care services.
- f. Any policies addressing investigational or experimental treatments.
- g. The methodologies used to compensate providers.
- h. Performance measures as determined by the commissioner and the director.
- i. Information on how to access internal and external grievance procedures.

2. The commissioner shall annually publish a consumer guide providing a comparison by plan on performance measures, network composition, and other key information to enable consumers to better understand plan differences.

[99 Acts, ch 41, §21](#); [2017 Acts, ch 148, §95, 96](#)