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## 191—75.9(513C) Standards to ensure fair marketing.

**75.9(1)** A carrier shall make available at least one basic and one standard health benefit plan to eligible individuals in this state.

- **75.9(2)** The written information described in this subrule may be provided directly to the individual or delivered through an authorized producer:
- a. A carrier shall not apply more stringent requirements related to the application process for the basic and standard health benefit plans than applied for other health benefit plans offered by the carrier.
- b. A carrier shall supply a price quote for basic or standard plans to an eligible individual upon request.
- c. If a carrier denies coverage under a health benefit plan to an individual on the basis of a risk characteristic, the denial shall be in writing and state with specificity the reasons for the denial subject to any restrictions related to confidentiality of medical information. The denial shall be accompanied by a written explanation of the availability of the basic and standard health benefit plans from the carrier and may be combined with the notification requirements of Iowa Code chapter 514E. The explanation shall include the following information about the basic and standard benefit plans:
  - (1) A general description of the benefits and policy provisions contained in each plan;
  - (2) A price quote for each plan; and
  - (3) Information describing eligibility and how an eligible individual may enroll in such plans.
- **75.9(3)** The carrier shall not require an individual to join or contribute to any association or group as a condition of being accepted for coverage except, if membership in an association or other group is a requirement for accepting an individual into a particular health benefit plan, a carrier may apply such requirement.
- **75.9(4)** A carrier may not require as a condition to the offer or sale of a health benefit plan to an individual that the individual purchase or qualify for any other insurance product or service.
- **75.9(5)** Carriers offering individual or group health benefit plans in this state shall be responsible for determining whether the plans are subject to the requirements of Iowa Code chapter 513C. [ARC 3682C, IAB 3/14/18, effective 4/18/18]