

§ 1356.2. Imposition of additional assessment

The director, by notice to all licensed health care service plans on or before October 15, 2010, may require health care service plans to pay an additional assessment to provide the department with sufficient revenues to support costs and expenses of the department as set forth in subdivision (b) of Section 1341.4 and Section 1356 for the 2010-11 fiscal year. The assessment paid pursuant to this section shall be separate and independent of the assessment imposed pursuant to subdivision (b) of Section 1356 and shall not be aggregated with the assessment imposed pursuant to subdivision (b) of Section 1356 for the purposes of limitation or otherwise. The assessment paid pursuant to this section shall not be subject to the limitations imposed on assessments pursuant to Section 1356.1. In imposing an assessment pursuant to this section, the director shall levy on each health care service plan an amount determined by the director using the categories of plans in the schedules set forth in subdivision (b) of Section 1356. The assessments imposed pursuant to this section shall be paid in full by December 1, 2010. On and after July 1, 2011, and until August 31, 2015, the director may raise the assessment limit described in subdivision (b) of Section 1356 to incorporate the annual expenditure levels set forth in this section.

HISTORY:

Added Stats 2010 ch 717 § 11 (SB 853),
effective October 19, 2010.

ARTICLE 3.1

Small Employer Group Access to Contracts for Health Care Services

Section

1357. Definitions.

1357.01. Compliance with article.

1357.02. Application of article.

1357.025. Construction of article.

1357.03. Sale of contracts to small employers; Filing of employee participation and employer contribution requirements; Rejection of application; Prohibited activities.

1357.035. Small employer coverage for associations with fewer than 1,000 persons.

1357.04. Notification of premium charges; When coverage becomes effective; Option to change coverage.

Section

- 1357.05. Exclusion of employee or dependent; Limitation on exclusion of coverage.
- 1357.06. Preexisting condition provisions.
- 1357.07. Late enrollees.
- 1357.08. Services to be provided.
- 1357.09. When plan not required to offer contract.
- 1357.10. Requirement that plan discontinue offering contracts or accepting applications.
- 1357.11. [Section repealed 2011.]
- 1357.12. Requirements for premiums.
- 1357.13. Risk rates to be applied.
- 1357.14. Disclosures required with offer of contract.
- 1357.15. Notice of material modification; Amendments to plan; Maintenance of information; Availability of risk adjustment factor.
- 1357.16. Provision of administrative services by qualified associations.
- 1357.17. Regulations.
- 1357.18. [Section repealed 2007.]
- 1357.19. Applicability.

HISTORY: Added Stats 1992 ch 1128 § 5, operative July 1, 1993.