

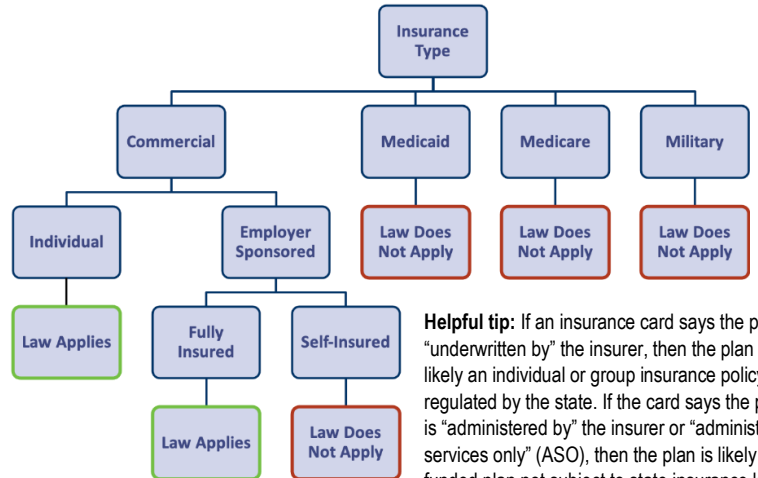
Notification of Formulary Changes

At least 60 days prior to modifying a formulary, a health benefit plan must provide written notice of the modification to each affected enrollee in an affected group health benefit plan, and each affected individual health benefit plan holder.

Prohibited Formulary Changes

Under Title 8, Section 1369.0541 a health benefit plan issuer may not modify drug coverage provided under a health benefit plan unless the modification occurs at the time of coverage renewal, and is uniform across the plan.

Under Title 8, Section 1369.055 a health benefit plan issuer must offer an enrollee coverage of a drug at the contracted benefit level, regardless of whether the drug has been removed from the plan's formulary before the plan renewal date, if the enrollee was previously approved or covered for the drug under the plan. This regulation applies until the date of plan renewal.



Helpful tip: If an insurance card says the policy is “underwritten by” the insurer, then the plan is likely an individual or group insurance policy regulated by the state. If the card says the policy is “administered by” the insurer or “administrative services only” (ASO), then the plan is likely a self-funded plan not subject to state insurance laws.