

Iowa Comprehensive Health Association Frequently Asked Questions

1. What is the Iowa Comprehensive Health Association?

Answer: The Iowa Comprehensive Health Association is an Iowa nonprofit corporation created pursuant to Iowa statute, Iowa Code Chapter 514E, to operate the Iowa comprehensive health insurance pool in the State of Iowa. Among the Association's responsibilities is to determine on an annual basis whether the members of the Association are to be assessed for any losses incurred by the Association on the Association's health insurance coverage offered to individuals residing in Iowa.

2. Who are the members of the Iowa Comprehensive Health Association?

Answer: An Association member is any insurer providing accident and sickness insurance on a group or individual basis in the State of Iowa and includes health maintenance organizations and organized delivery systems.

3. How is a member's assessment responsibility determined?

Answer: On an annual basis, the Association's Board determines whether the Association will likely experience a loss in its operations. Any loss is to be assessed by the Association to all members in proportion to their respective shares of total health insurance premiums or payment of subscriber contracts received in Iowa during the preceding year or such other equitable basis determined by the Association.

A member's total health insurance premiums is determined as the total direct premiums earned or subscriber charges in the state of Iowa (as reflected in the carrier's annual statement filed with the Insurance Division) less the following premiums earned:

- Coverage only for a specified disease or illness
- Medicare Cost Reimbursement (HMO)
- Medicare Supplement
- Federal Employee Health Benefit Plan
- HMO dues from outside Iowa
- Coverage issued as a supplement to liability insurance
- Worker's compensation or similar insurance
- Accident only or disability income insurance
- A short term limited duration insurance policy
- Automobile/Homeowner medical payment insurance
- Credit only insurance
- Limited scope dental and vision issued under a separate policy
- Benefits for long term care, nursing home care, home health care or community based care issued under a separate policy
- Hospital Indemnity and fixed indemnity insurance

- Liability insurance, including general liability and auto liability

For more information, please see Iowa Code Chapter 514E.

4. How does the Association determine what a member's total health insurance premiums are?

Answer: On an annual basis, each member is required to file a reporting form with the Association. The reporting form is due March 15 of each year. It is available at the following web site: www.hipiowa.com.