



Medical Loss Ratio Information

The Affordable Care Act requires health insurers in the individual and small group markets to spend at least 80 percent of the premiums they receive on health care services and activities to improve health care quality. (In the large group market, this amount is 85 percent.) This is referred to as the Medical Loss Ratio (MLR) rule or the 80/20 rule. If a health insurer does not spend at least 80 percent of the premiums it receives on health care services and activities to improve health care quality, the insurer must rebate the difference.

A health insurer's Medical Loss Ratio is determined separately for each state's individual, small group and large group markets in which the health insurer offers health insurance. In some states, health insurers must meet a higher or lower Medical Loss Ratio. No later than August 1 of the current plan year, health insurers must send any rebates due for the previous plan year and information to employers and individuals regarding any rebates due for that year.

You are receiving this notice because your health insurer had a Medical Loss Ratio for the previous plan year that met or exceeded the required Medical Loss Ratio. For more information on Medical Loss Ratio and your health insurer's Medical Loss Ratio, visit www.HealthCare.gov.