**Section 2026.10 Definitions**

"Affordable Care Act" or "ACA" means the Patient Protection and Affordable Care Act(42 U.S.C. 18001 et seq.).

"Code" means the Illinois Insurance Code [215 ILCS 5].

"Department" means the Illinois Department of Insurance.

"Director" means the Director of the Department.

"CMMS" means the Centers for Medicare and Medicaid Services.

"Excepted benefits" has the meaning ascribed in 42 U.S.C. 300gg-91(c).

"Federal medical loss ratio standard" means the applicable medical loss ratio standard for the State and market segment involved, determined under subpart B of 45 CFR 158.

"Grandfathered health plan" has the meaning ascribed in 45 CFR 147.140 (Dec. 15, 2020) (no later editions or amendments).

"Health insurance coverage" has the meaning ascribed in 42 U.S.C. 300gg-91(b)(1).

"Health insurance issuer" has the meaning ascribed in 42 U.S.C. 300gg-91(b)(2).

*"Inadequate rate" means a rate:*

*that is insufficient to sustain projected losses and expenses to which the rate applies; and*

*the continued use of which endangers the solvency of a* health insurance issuer *using that rate*. (Section 355(a) of the Code)

"Individual market" has the meaning ascribed in 42 U.S.C. 300gg-91(e)(1)(A). Coverage that would be regulated as individual market coverage under that definition, if it were not sold through an association, is subject to rate review as individual market coverage.

*"Plain language"* or "plain writing" *has the meaning provided* for "plain writing" *in the federal Plain Writing Act of 2010* (Pub. Law 111-274) *and subsequent guidance documents, including the "Federal Plain Language Guidelines"* published by the Plain Language Action and Information Network with support from the United States General Services Administration, 1800 F Street, NW, Washington, DC 20405 (rev. 1, May 2011) (no later editions or amendments), available online at: https://www.plainlanguage.gov/media/FederalPLGuidelines.pdf. (Section 355(a) of the Code)

"Product" has the meaning ascribed in 45 CFR 144.103 (May 6, 2022) (no later editions or amendments).

"Rate increase" means any increase of the premium rates for a specific product.

"Secretary" means the Secretary of the United States Department of Health and Human Services.

"Short-term, limited-duration health insurance coverage" has the meaning ascribed in Section 5 of the Short-Term, Limited-Duration Health Insurance Coverage Act [215 ILCS 190].

"Small group market" has the meaning ascribed in 42 U.S.C. 300gg-91(e)(5). Coverage that would be regulated as small group market coverage under that definition, if it were not sold through an association, is subject to rate review as small group market coverage.

"Student health insurance coverage" has the meaning ascribed in 45 CFR 147.145 (March 8, 2016) (no later editions or amendments).

"*Unreasonable* *rate increase*" *means a rate increase that the Director determines* t*o be excessive, unjustified, or unfairly discriminatory in accordance with 45 CFR 154.205* (May 23, 2011) (no later editions or amendments). (Section 355(a) of the Code)

(Source: Amended at 48 Ill. Reg. 7239, effective April 30, 2024)