Frequently Asked Questions (FAQ)

September 2021 MLR Communication to Optum Behavioral Health Members

What is the purpose of this letter?

The Affordable Care Act requires insurance companies to use a certain amount of premium dollars to provide services. If insurance companies don't use that amount of premium dollars, the excess must be rebated to UC.

Why did I receive this letter?

You received this letter because you had Optum Behavioral Health coverage through your enrollment in Kaiser Permanente HMO in 2020. The law requires that U.S. Behavioral Health Plan notify subscribers that the rebate is being issued.

Do I need to do anything?

No, the letter was only letting you know that for the past year based on a review of dollars spent on claims and quality programs, Optum owed UC a rebate.

Will I receive a rebate?

UC assessed options on how to apply the total rebate. If UC issued a check to impacted employees, the cost to print, collate and mail checks would be greater than the value of the check. Therefore, UC will allocate the rebate amount to future premium stabilization of the plan.

Does a rebate mean I did not get care I needed?

No, the intent of the rebate requirement is to make sure insurance companies pay a certain portion of premium dollars on health care claims and programs to improve health care quality. If they do not, the insurance company may need to rebate a certain amount back to the employer. The Medical Loss Ratio is calculated across all Optum's plans in a state, and is not based solely on UC members' utilization.

I did not get this letter last year, is there a reason?

The law only requires a rebate if a certain part of premium dollars is not spent on paying claims and supporting programs to improve health care quality. The review is performed on an annual basis and is based on changing health care market conditions and events like a national health crisis that can impact the calculation and need for a rebate.