

Frequently Asked Questions (FAQ)

September 2022 MLR Communication to Optum Behavioral Health Members

What is the purpose of this letter?

The Affordable Care Act requires large group insurance companies to use at least 85% of premium dollars to provide clinical services or on activities to improve health care quality. If insurance companies don't use that amount of premium dollars, the excess must be rebated to UC and their other customers.

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 2021. The law requires that U.S. Behavioral Health Plan notify subscribers that the rebate is being issued to your employer.

Who is U.S. Behavioral Health Plan, California?

U.S. Behavioral Health Plan, California is the parent company of Optum Behavioral Health.

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 apply the member portion of the MLR rebate toward lowering future premium contributions, which is consistent with how the past two MLR rebates have been processed.

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.