§ 4702. Definitions. As used in this article: (a) "Community rating" means a rating methodology in which the premium equivalent rate for all persons covered under a municipal cooperative health benefit plan is the same, based upon the experience of the entire pool of risks covered under the plan, without regard to age, sex, health status or occupation and such that refunds, rebates, credits or dividends based upon age, sex, health status or occupation are not permitted.

(b) "Fully-insured" means that all benefits payable pursuant to a municipal cooperative health benefit plan are guaranteed under a contract or policy of insurance delivered in this state and issued by an insurance company authorized to do accident and health insurance business in this state, an article forty-three corporation, or a health maintenance organization.

(c) "Governing board" means the group of persons, designated in the municipal cooperation agreement establishing the municipal cooperative health benefit plan, to be responsible for administering the plan.

(d) "Municipal cooperation agreement" means an appropriate cooperative agreement authorized by article five-G of the general municipal law.

(e) "Municipal cooperative health benefit plan" or "plan" means any plan established or maintained by two or more municipal corporations pursuant to a municipal cooperation agreement for the purpose of providing medical, surgical or hospital services to employees or retirees of such municipal corporations and to the dependents of such employees or retirees.

(f) "Municipal corporation" means within the state of New York, a city with a population of less than one million or a county outside the city of New York, town, village, board of cooperative educational services, school district, a public library, as defined in section two hundred fifty-three of the education law, or district, as defined in section one hundred nineteen-n of the general municipal law.

(g) "Plan document" means the group contract issued by the municipal cooperative health benefit plan to participating municipal corporations describing the terms and conditions of coverage.

(h) "Premium equivalent" or "contribution" means the amount contributed by participating municipal corporations to cover expected claims and expenses thereon, required reserves, surplus, stop-loss insurance, and other expenses associated with the operations of the

municipal cooperative health benefit plan.

(i) "Qualified actuary" means an actuary who is a member in good standing of the American Academy of Actuaries or Society of Actuaries, with experience in establishing rates for self-insured trusts providing health benefits or other similar experience.

(j) "Summary plan description" means the certificate of coverage or booklet delivered to employees or retirees enrolled in the plan, summarizing the essential terms and conditions of coverage for employees or retirees and their dependents.