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Salt Lake City, UT 84114  
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## BEFORE THE INSURANCE COMMISSIONER OF THE STATE OF UTAH

**COMPLAINANT:**

UTAH INSURANCE DEPARTMENT

**RESPONDENT:**

OPTICARE OF UTAH

1901 W. Parkway Blvd.  
Salt Lake City, UT 84119  
Utah Company Id. No. 1667

**NOTICE OF INFORMAL  
ADJUDICATIVE PROCEEDING  
AND ORDER**

Docket No. 2007-098 LC

Enf. Case No. 1985

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The Utah Insurance Department has commenced this informal adjudicative proceeding pursuant to Utah Code Annotated §§ 31A-2-201 and 63-46b-3 and Utah Administrative Code Rule R590-160. Based upon information contained in agency files or known to the Commissioner, the Commissioner makes the following:

**FINDINGS OF FACT**

1. Respondent, Opticare of Utah, is a limited health plan authorized to do business in the State of Utah, Utah Company Identification No. 1667
2. On or about June 12, 2006, the Utah Insurance Department published its Report of Examination of Respondent as of September 30, 2005.

2. In the examination of the Respondent the department found that Respondent was using the following forms not filed with the department:

Opticare Basic	Does not correspond to filed forms
Opticare Premier	Does not correspond to filed forms
Opticare 70	Forms not filed
Opticare 130	Forms not filed
Opticare E	Does not correspond to filed forms

Having entered his Findings of Fact, the Commissioner now enters his:

**CONCLUSION OF LAW**

1. In using forms not filed with the department or in amending insurance plans and not filing the changes with the department, Respondent violated Utah Code Annotated § 31A-21-201.

Based upon the foregoing Findings of Fact and Conclusions of Law, the Commissioner now enters the following:

**ORDER**

**IT IS HEREBY ORDERED:**

1. Respondent is assessed an administrative forfeiture in the amount of \$2,000.00 to be paid within 30 days of the date of this Order.

2. Respondent shall file all forms in use that have not been previously filed with the department or that have been changed since the previous filing, or shall provide to the department that the unfiled forms are no longer in use within 30 days of the date of this Order.

3. This Order shall become final fifteen (15) days after the date of mailing unless a written request for a hearing is received from the Respondent in the offices of the department prior to that date. A written request for a hearing shall be signed by the person making the

request and shall state the basis for the relief requested.

**NOTIFICATION**

If you request a hearing regarding this matter, the department will be represented by M. Gale Lemmon, Assistant Attorney General, State Office Building, Room 3110, Salt Lake City, Utah 84114, Telephone Number (801) 538-3800. Failure to request a hearing will be considered a failure to exhaust administrative remedies and will preclude any further administrative or judicial review or appeal of this matter.

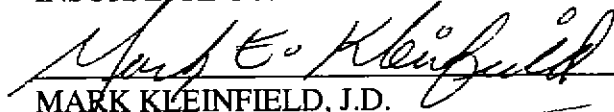
You are further notified that a failure to obey an Order of the commissioner may subject you to further penalties, including forfeitures of up to \$2,500.00 per violation and the suspension or revocation of your license and the filing of an action in District Court, which may impose forfeitures of up to \$10,000.00 per day for continued violation.

You are further notified that other jurisdictions in which you may be licensed may require that you report this action to them.

Questions regarding this Adjudicative Proceeding should be directed to Nancy Askerlund, at the Utah Insurance Department (801) 537-9293.

DATED THIS 21<sup>st</sup> day of September, 2007.

D. KENT MICHIE  
INSURANCE COMMISSIONER

  
MARK KLEINFELD, J.D.

ADMINISTRATIVE LAW JUDGE

Utah Insurance Department  
State Office Building, Room 3110  
Salt Lake City, Utah 84114  
Telephone (801) 538-3800

CERTIFICATE OF MAILING

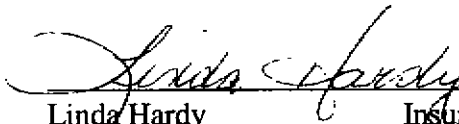
I do hereby certify that on this date I mailed, by regular mail, postage prepaid, a true and correct copy of the attached:

NOTICE OF INFORMAL ADJUDICATIVE  
PROCEEDING & ORDER

To the following:

OPTICARE OF UTAH  
1901 W. PARKWAY BLVD.  
SALT LAKE CITY, UT 84119

DATED this 24<sup>th</sup> day of September, 2007

  
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Linda Hardy Insurance Technician  
Utah Department of Insurance  
State Office Building, Room 3110  
Salt Lake City, UT 84114-6901  
(801) 538-8138

10/1/07  
10/1/07  
10/1/07  
10/1/07

**UTAH  
Invoice - Original**

Printed Date: September 24, 2007

Invoice Date: September 24, 2007  
Balance Due: \$2,000.00  
Due Date: October 24, 2007  
Invoice ID: 351171  
Payor ID: 1667

STEPHEN H SCHUBACH  
OPTICARE OF UTAH  
1901 W PARKWAY BLVD  
SALT LAKE CITY UT 84119

<b>Item Description</b>	<b>Amount</b>
9/24/2007 Monetary Penalty Company E-Case 1985 Docket # 2007-096 HL	\$2,000.00
<b>Original Amount Due</b>	<b>\$2,000.00</b>

**UTAH  
Invoice - Original**

Invoice Date: September 24, 2007  
Balance Due: \$2,000.00  
Due Date: October 24, 2007  
Invoice ID: 351171  
Payor ID: 1667  
Payor Name: OPTICARE OF UTAH

Make checks payable to: Utah Insurance Department

Send payment to:

Utah Insurance Department  
3110 State Office Building  
Salt Lake City, UT 84114-6901