

California Rate Filing Form
For Individual and Small Group Health Insurance
Rate Filings, Version 1

1) Company Name:

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2) Number of policy forms covered by the filing: _____

3) Policy form numbers covered by the filing:

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4) Product types covered by the filing. Selected from the following:

☐	HMO (Health Maintenance Organization)
☐	PPO (Preferred Provider Organization)
☐	EPO (Exclusive Provider Organization)
☐	POS (Point of Service)
☐	FFS (Fee for Service)
☐	Other (describe) _____

5) Segment type. One of the following:

☐	Large Group
☐	Small Group (2-50 employees)
☐	Individual

Note: Large Group, Small Group, and Individual filings should not be combined within a single filing.

6) Plan/Insurer Type. One of the following: for-profit company, not-for-profit company

	For-profit company
	Not-for-profit company

7) Whether the products are open or closed. List each open or closed product by policy form number.

Open products:

If all policy forms listed in response to Question 3, above are open, check here: ☐

If only some policy forms listed in Question 3 are open, list the policy form numbers of the open products:

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Closed products:

If all products listed in response to Question 3, above are closed, check here: ☐

If only some policy forms listed in Question 3 are closed, list the policy form numbers of the closed products:

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8) Enrollment:

Number of lives, including dependents, as of the end of the latest month for which the data has been compiled, covered by each product (identified by all marketing names used for each policy form covered by the filing).

(For new products, the number of lives shown should be “0”.)

[illegible]

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

9) Insured months in each policy form

Number of insured (or member) months for the experience period on which the rates were based. (Does not apply to rates for new products.)

[illegible]

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

10) Annual Rate

For each product included in the filing, show the current and proposed annual premium rates for all rating cells.

[illegible]

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

- 11) Total earned premium in each policy form for the experience period on which the rates are based. (Does not apply to rates for new products.)

[illegible]

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

- 12) Total dollar amount of incurred claims in each policy form for the experience period on which the rates are based. (Does not apply to rates for new products.)

If helpful to understanding the basis for the filed rate increases, the insurer may, but is not required to, disaggregate incurred claim data into the aggregate benefit categories listed in item 18 below. If you choose to disaggregate, please do so on a separate page attached to the PDF of this filing form, identifying this question number.

Policy form number	Total incurred claims

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

13) Average rate increase initially requested

The weighted average of the proposed rate increases included in the filing, weighting the increases by the number of covered lives for each product (per item 8, above). Rates for new products are not included in this calculation, as they have a weight of zero. (Does not apply to rates for new products.)

[illegible]

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

14) Review category: One of the following:

☐	Initial Filing for New Product
☐	Filing for Existing Product
☐	Resubmission

Resubmissions should be submitted through SERFF under the same state filing number and SERFF tracking number assigned to the original submission of this filing. Do not submit resubmissions as a new filing.

15) Average rate of increase

In those instances in which there is a revision to the rates requested after initial submission, the revision should be submitted as an amendment to the original submission of this filing under the rate/rule form tab. Also, in the case of a resubmission, update the information under the "company rate information" field under the "Rate/Rule Schedule" tab in SERFF. The average rate of increase is a weighted average, calculated as in item 13, above. (Does not apply to rates for new products.)

Policy Form Number	Marketing Name	Weighted Average

(If additional space is needed, see question 26. Check this box if additional space is used. ☐)

16) Effective date of rate increase: _____

The earliest anticipated date that the proposed rate increase, or new product rate, will take effect for a policyholder. (Does not apply to rates for new products.)

17) Number of policyholders or insureds affected by each policy form

Same as item 8, above. (Does not apply to rates for new products.)

18) Overall medical trend factor and trend factors by aggregate benefit category:

Overall Medical Trend Factor

“Overall” means the weighted average of trend factors used to determine rate increases included in the filing, weighting the factor for each aggregate benefit category by the amount of projected medical costs attributable to that category.

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Medical Trend Factor by Aggregate Benefit Category

The aggregate benefit categories are each of the following – hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than hospital inpatient), other (describe).

Hospital Inpatient	
Hospital Outpatient (including ER)	
Physician/other professional services	
Prescription Drug	
Laboratory (other than inpatient)	
Radiology (other than inpatient)	
Other (describe)	

Optional Medical Trend Factor by Aggregate Benefit Category by Geographic Region

The insurer may, but is not required to, aggregate additional data in major geographic regions of the state. If the insurer chooses to so aggregate, the major geographic regions of the state are: Northern California (consisting of Monterey, Kings, Tulare, and Inyo counties, and all counties to the north), and Southern California (consisting of San Luis Obispo, Kern, and San Bernardino counties, and all counties to the south).

	North	South
Hospital Inpatient		
Hospital Outpatient (including ER)		
Physician/other professional services		
Prescription Drug		
Laboratory (other than inpatient)		
Radiology (other than inpatient)		
Other (describe)		

19) Projected medical trend

Use the same aggregate benefit categories used in item 18 –hospital inpatient, hospital outpatient (including emergency room), physician and other professional services, prescription drugs from pharmacies, laboratory services (other than hospital inpatient), radiology services (other than Hospital inpatient), other (describe). Furthermore, within each aggregate category quantify the sources of trend, i.e. actual-to-expected claim costs over the prior rating period, utilization of medical services, cost of medical services, plan design, risk factors, demographic factors, and administrative and other non-claim expenses.

Projected Medical Trend by Aggregate Benefit Category

Hospital Inpatient	
Hospital Outpatient (including ER)	
Physician/other professional services	
Prescription Drug	
Laboratory (other than inpatient)	
Radiology (other than inpatient)	
Other (describe)	

20) Comparison of claims cost and rate of changes over time

For each proposed rate increase, provide the projected annualized incurred claims cost per insured for the period covered by the proposed rate, the historical incurred claims cost per insured for the most recent 12 months of the experience period on which the rates were based, and, if available, the historical incurred claims cost per insured for the next two most recent 12 month periods. Also, compare the rate of change of claims costs over all of the projected and historical periods for which information is provided. Show all claim costs according to aggregate benefit category. (Does not apply to rates for new products.)

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21) Describe any changes in enrollee/insured cost-sharing, compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing. (Does not apply to rates for new products.)

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22) Describe any changes in enrollee/insured benefits, compared to the prior year, associated with the submitted rate filing, and quantify the impact of each change on each of the rates included in the filing. (Does not apply to rates for new products.)

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- 23) Submit the required actuarial certification, described in Guidance 1163:2, under the “Supporting Documentation” tab in SERFF.

	Submitted
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- 24) Changes in administrative costs

Administrative costs are the costs defined in Sections 158.150, 158.151, 158.160, and 158.161 of 45 Code of Federal Regulations Subtitle A, Subchapter B, in the interim final rule issued by the Department of Health and Human Services on December 1, 2010 at 75 Federal Register 74924-74926. Changes in administrative costs should be compared to the prior year, associated with the submitted rate filing, and changes should be shown separately for the costs defined by each of the sections of Code of Federal Regulations listed above in this item. (Does not apply to rates for new products.)

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- 25) Comments. Place any needed comments here.

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26) Blank form if additional spaces needed.

If additional space is needed to respond to a question, use the form below. Note the question number, and insert column headings as appropriate. If further space is needed, use PDF generating software to copy this page and insert the copy at the end of this document.

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