

## Rate Filing Disclosure Form

This Rate Filing Disclosure Form applies to those premium increases that meet the “unreasonable” test under Section 2794 of the Public Health Service Act. Health insurance issuers are required to submit this form along with a justification for the premium increase to the Secretary and the relevant state prior to the implementation of the increase.

### **Part A: Issuer Information and Type of Plan**

1. Name of the Health Insurance Issuer	
2. NAIC Company Code	
3. Name of State in which the Rate was Filed	
4. Type of Plan (Individual, Small Group, Large Group)	
5. SERFF Tracking Number for Filing	
6. Policy Form Number	
7. Plan Name	
8. Brief Description of Deductible, Copayment and Coinsurance	
9. Open or Closed Block of Business	

### **Part B: Rate Request**

1. Proposed Effective Date	
2. Number of Enrollees Impacted in this State	
3. Number of Enrollees Impacted Nationwide	
4. Proposed Average Rate Increase/Decrease* [show as % and Average Per Member Per Month (PMPM) increase/decrease from one year earlier]	%
	Increase/decrease from PMPM to PMPM
5. Minimum Rate Increase/Decrease for any Individual* [show as % and Average Per Member Per Month (PMPM) increase/decrease from one year earlier]	%
	Increase/decrease from PMPM to PMPM
6. Maximum Rate Increase/Decrease for any Individual* [show as % and Average Per Member Per Month (PMPM) increase/decrease from one year earlier]	%
	Increase/decrease from PMPM to PMPM

*\*The average rate does not mean that the premium will increase/decrease by this amount. Premiums are affected by many factors, including ages of the people covered, whether family members are covered and the date the policy renews. The “Minimum/Maximum Rate Increase for any Individual” is to capture the minimum/maximum premium increase for any individual within this block of business.*

**Part C: Components of the Average Rate Increase/Decrease and Basis for Rate Request**

Break down the “Proposed Average Rate Increase/Decrease” into the following components of rate changes (in percentage):

1. Medical** Utilization Change - Population	%
2. Medical** Utilization Change - Other	%
3. Medical** Price Changes	%
4. Medical** Benefit Changes Required by Law	%
5. Medical** Benefit Changes Not Required by Law	%
6. Changes to Administration Costs	%
7. Insufficiency of Prior Rates (continuing losses that need to be covered by additional rate – not a recovery of previous losses, but a projection of continued losses)	%
8. Other Reasons for the Rate Request	%
9. Provide a Simple Calculation of how the Average Rate Increase/Decrease is derived based on the above components of rate changes	

*\*\*Medical includes Prescription Drug*

**Part D: Earned Premiums, Incurred Claims, and Profit/Loss for the 12-Month Period from this State and Nationwide**

1. Reported 12-Month Period: From (month/year) to (month/year)

	<b>This State</b>	<b>Nationwide</b>
2. Earned Premiums Excluding State Taxes and Licensing or Regulatory Fees	\$	\$
3. Reimbursement for Clinical Services Provided to Enrollees	\$	\$
4. Activities That Improve Health Care Quality	\$	\$
5. State Taxes and Licensing or Regulatory Fees	\$	\$
6. Administrative Costs Excluding Items 4 and 5 Above	\$	\$
7. Profit/Loss (Line 2 – (Lines 3 + 4 + 6))	\$	\$

**Part E: Projected Results of the Proposed Rates**

A health insurance premium is made up of items 3 through 7 listed in Part D. If the requested rate change is approved, the issuer projects the following changes:

	<b>This State</b>	<b>Nationwide</b>
<b>1.</b> Reimbursement for Clinical Services Provided to Enrollees as a Percentage of Premiums:	Will change from % (Part D, item 3 as a percentage of item 2) to %	Will change from % (Part D, item 3 as a percentage of item 2) to %
<b>2.</b> Activities That Improve Health Care Quality as a Percentage of Premiums:	Will change from % (Part D, item 4 as a percentage of item 2) to %	Will change from % (Part D, item 4 as a percentage of item 2) to %
<b>3.</b> State Taxes and Licensing or Regulatory Fees as a Percentage of Premiums:	Will change from % (Part D, item 5 as a percentage of item 2) to %	Will change from % (Part D, item 5 as a percentage of item 2) to %
<b>4.</b> Administrative Costs as a Percentage of Premiums:	Will change from % (Part D, item 6 as a percentage of item 2) to %	Will change from % (Part D, item 6 as a percentage of item 2) to %
<b>5.</b> Profit/Loss as a Percentage of Premiums:	Will change from % (Part D, item 7 as a percentage of item 2) to %	Will change from % (Part D, item 7 as a percentage of item 2) to %

**Part F: List the Annual Average Rate Changes Implemented in the Past Three Calendar Years**

<b>Calendar Year</b>	<b>This State</b>	<b>Nationwide</b>
	%	%
	%	%
	%	%

**Exhibit I: Provide an Executive Summary for Rate Filing Form**

**Definition and Glossary of Terms:** *Some items mentioned in this form are yet to be determined. (For example, what kind of activities can be classified as activities that improve health quality?) It is recommended that a link to the Definition and Glossary of Terms be included in this Form.*