



# Filing for Plan Year 2026

*Rates, Forms, and Provider Networks*



OFFICE of the  
**INSURANCE  
COMMISSIONER**  
WASHINGTON STATE

# WELCOME TO PY26, THE 13<sup>TH</sup> PLAN YEAR!

---

## Housekeeping:

- This PowerPoint Deck will be posted on the OIC website after the presentation.
- A link will be sent out via a GovDelivery email
- Ask questions using the Q&A link on the Teams task bar.
  - We will post Questions and Answers as the webinar progresses.
- If we don't answer your question, email it to [Rfhealthplan@oic.wa.gov](mailto:Rfhealthplan@oic.wa.gov)

# Overview

*Ned Gaines, Deputy Commissioner*

# AGENDA

---

- Overview
- Forms
- Provider Networks
- Rates
- SERFF Binders
- Upcoming Changes to OIC's Website
- Recap

# IMPORTANT DATES

---

- **May 15, 2025** – Filing deadline
- **June 27, 2025** – PY26 Service Area Changes deadline
- **September 4, 2025** – On Exchange Individual Market approval due date
- **September 11, 2025** – WAHBE Board meeting to certify QHPs and QDPs
- **October 15, 2025** – CMS's approval deadline for all off-Exchange individual and small group health plans.

# SIGN UP TO RECEIVE GOVDELIVERY EMAILS

---

How to sign up for GovDelivery emails

- Subscribe to OIC news through our GovDelivery system by entering your email address at the following location  
<https://public.govdelivery.com/accounts/WAOIC/subscriber/new>
- Under industry information choose topic "Health care filing information" to receive updates on webinars, changes related to our filing instructions, and general news related to PY26

And sign up for any other topics you want to receive information on, such as rulemaking.

# THE DIFFERENCE BETWEEN GFIs AND STMs

---

## **General Filing Instructions (GFIs) are required.**

- Compliance with GFIs is required to get your filing through the door in SERFF
- Following GFIs does not mean your filing will be approved

## **Speed To Market (STMs) tools, processes, documents are optional.**

- STMs are not required to get your filings accepted in SERFF for review
- Using STMs helps get your filing to approval faster
- We will prioritize filings with completed STMs

## **Website link to Filing Instructions and Speed to Market (STM) Tools:**

<https://www.insurance.wa.gov/health-care-and-disability-filings>

# NO MPMS FOR WASHINGTON STATE

---

CMS/CCIIO has created a new HIOS Marketplace Plan Management System (MPMS) Module for states that use the federal platform.

**This does not impact Washington state because we have a State-Based Exchange (Marketplace) that does not use the federal platform.**



# Forms

*Heather Shimoji, Health Forms Manager*

# DEFINITIONS OF PRODUCT AND PLAN

---

## **Product:**

- Discrete package of health coverage benefits that uses a particular provider network type (HMO, PPO, EPO, POS or indemnity) within a service area
- Differences in the scope of benefits = different products
  - i.e., limits on the frequency of treatment, number of visits, days of coverage, or other similar limits on the amount, scope or duration of treatment
- Differences in "cost-sharing structure" ≠ different products
  - i.e., deductibles, coinsurance, copayments, or similar charges
- A product can be modified in some ways yet remain the same product.
  - "Uniform Modification": 45 CFR §146.152(f), 45 CFR §147.106(e), or 45 CFR §148.122(g).

# DEFINITIONS OF PRODUCT AND PLAN (cont'd)

## Plan:

- Pairing of health insurance coverage benefits under the product with a particular cost-sharing structure, provider network, and service area
- All service areas of the plans offered within a product constitutes the service area of the product

|                  | Same Product with Different Plans           |   |   |
|------------------|---|---|---|
|                  | Plan A                                      | Plan B                                      | Plan C                                      |
| Benefits Covered | Same benefit package as State EHB Benchmark | Same benefit package as State EHB Benchmark | Same benefit package as State EHB Benchmark |
| Network Type     | PPO   | PPO   | PPO   |
| Metal Level      | Gold  | Silver                                      | Bronze                                      |

- Product and plan defined in 45 CFR § 144.103

# PRODUCT, PLAN, AND FORMULARY

---

- As part of Federal requirements, a “discrete set of health coverage benefits” includes the formulary.
- In PY 2026, OIC will continue to enforce the federal requirement that all plans within a product share the same drug formulary.
- OIC formally asked CMS what are allowable formulary changes within one product for purposes of maintaining that product status
  - According to CMS, a product formulary must have same list of drugs and same drugs in each cost-sharing tier, though cost-sharing may differ between plans
- “Formulary ID” as used in the CMS QHP templates does **not** automatically indicate a different drug formulary for the purpose of defining separate products.
  - For plans within the same product, plans may have different formulary IDs if differences are only due to variations in cost-sharing.

# PRODUCT, PLAN AND FORMULARY (cont'd)

---

- If an issuer makes changes to its drug formulary upon renewal or mid-plan year, these changes must comply with the Uniform Product Modification Justification (UPMJ) criteria under 45 CFR §147.106(e)(3), including the allowable plan-adjusted rate index variation of +/- 2%.
  - For existing products, changes in the covered drug list may be considered a product discontinuation.
  - We will not expect a new UPMJ submission with a mid-year formulary change

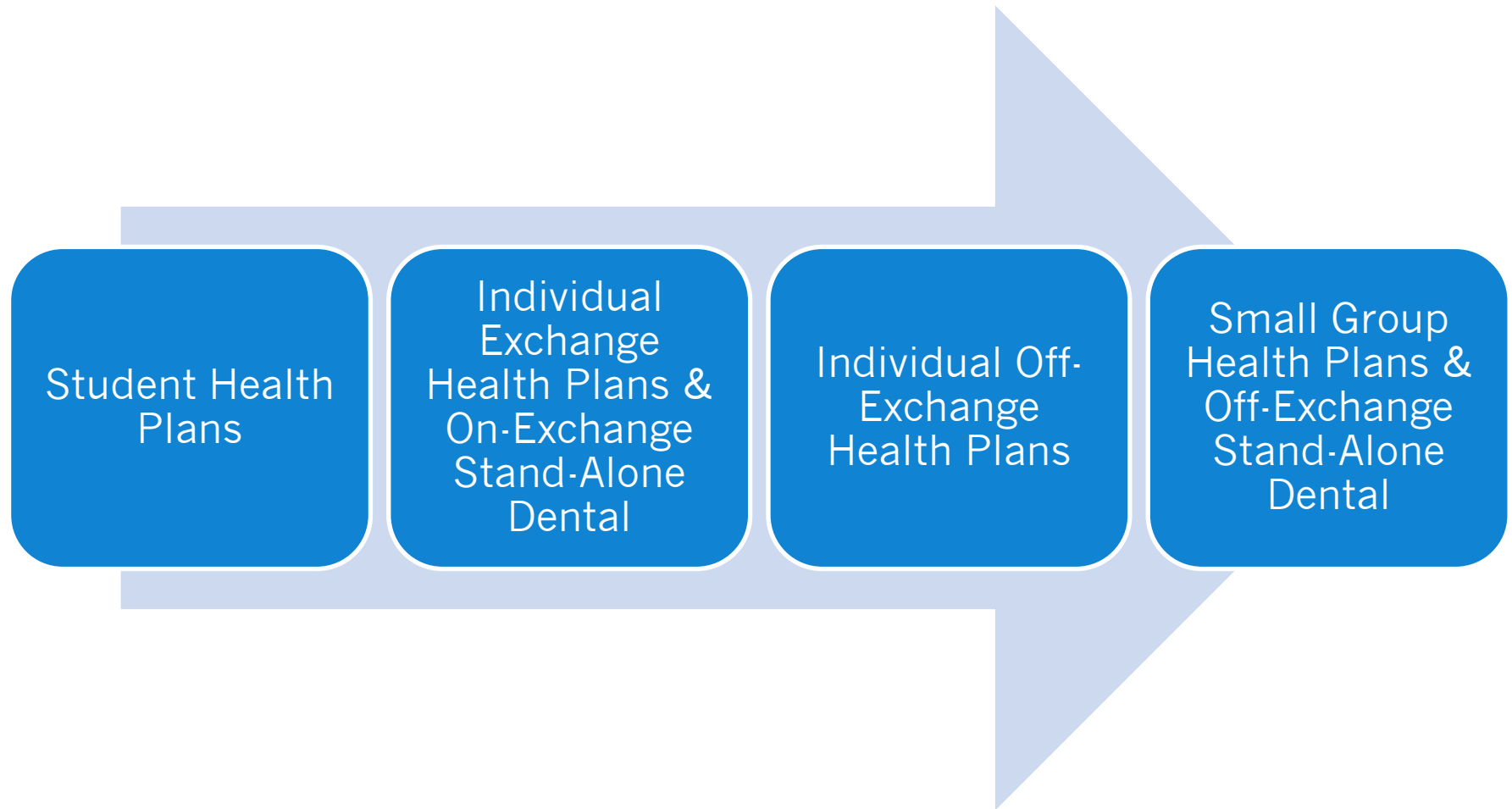
# "PRIMARY PRODUCT"

---

- ✓ Product with the most complex or "richest" benefit design in each market
- ✓ Designated in the analyst checklist and binder snapshot document
- ✓ If your individual market products include both standardized (Cascade or Cascade Select) and non-standardized plans, please designate your most complex non-standardized plan as primary

# PRIORITY OF FORMS REVIEW BY MARKET

---



# PRELIMINARY FORMS REVIEW

---

**Purpose:** Identify threshold issues that may prevent or delay substantive review of your filing

## Preliminary Review of ALL Filings:

- ✓ Are “products” and “plans” correctly sorted and identified?
- ✓ Are HIOS IDs correct?
- ✓ Have you filed the same number of products and plans in your form, rate, and binder filings?



# PRELIMINARY FORMS REVIEW (cont'd)

---

- ✓ Have you filed at least one renewal product?
- ✓ Have you submitted redline versions of all “revised” forms under the Supporting Documentation tab?
- ✓ Have you submitted electronic review tool results with your binder filing?
- ✓ Do Cascade Care plan names meet WAHBE naming conventions?

*(Note: new plan naming conventions for Cascade Gold plans for PY2026)*

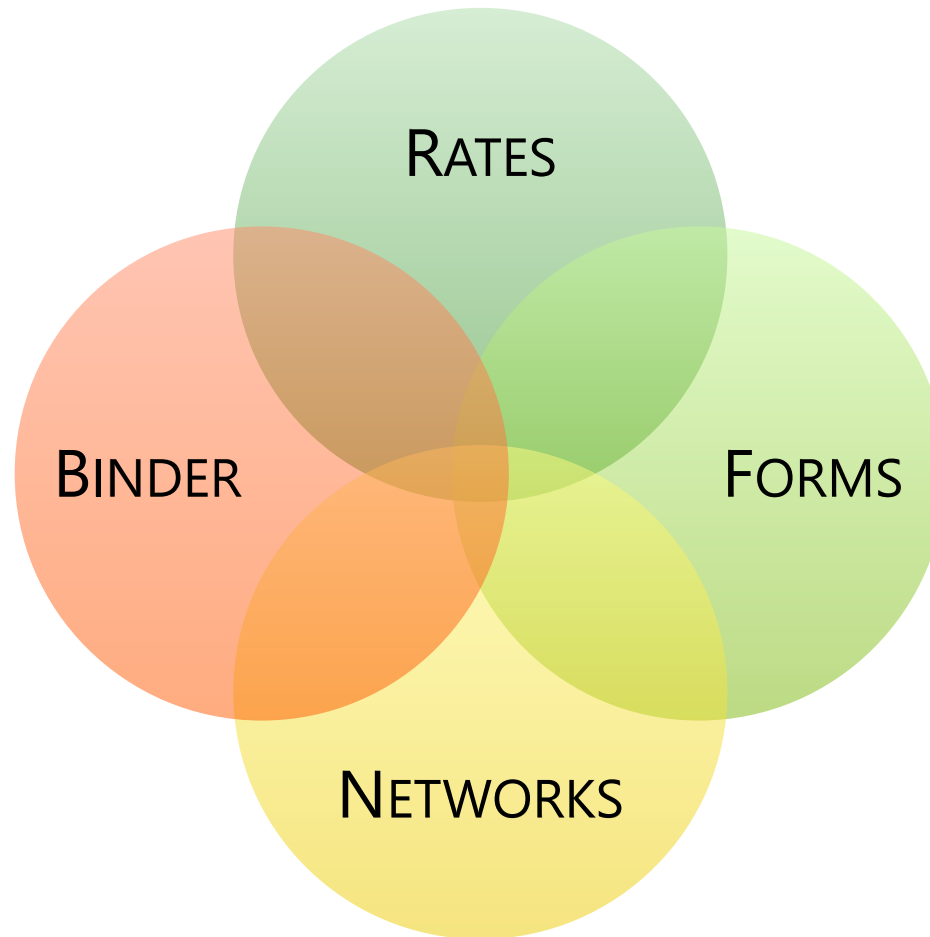
# SUBSTANTIVE REVIEW

---

- ✓ Begins when preliminary objections are resolved
- ✓ Uses applicable analyst checklist
- ✓ Analyst may “group” filings for review based on similarity across products
- ✓ “Primary product” reviewed beginning to end

# MATCHING INFORMATION ACROSS FILINGS

---



# COMMON FORM "MATCHING" OBJECTIONS

---

## **Cost-share amounts**

- ✓ Forms: Schedule of Benefits/Summary of Costs
- ✓ Binder: Plan & Benefits Template
- ✓ Binder: Prescription Drug Template

## **Network names**

- ✓ Forms content
- ✓ Binder: Network Template
- ✓ Provider Networks: Filed networks

## **Service Area - Counties**

- ✓ Forms content
- ✓ Binder: Service Area Template counties

# TIMELINES FOR RESPONSE TO FORM OBJECTIONS

---

|                    | Preliminary & Substantive Objection Letters |     |            |
|--------------------|---|-----|------------|
|                    | 1st   | 2nd | Subsequent |
| # of Business Days | 5   | 3   | 2          |

- All timelines subject to OIC and/or WAHBE deadlines for plan approval and certification
- You may request an extension of the “respond by” date
  - Reasonable requests will be granted
- Reminder: All communications that relate to the OIC’s review of a specific filing **must** occur in SERFF

# "PRIMARY PRODUCT" OBJECTIONS

---

- ✓ All first-round substantive objections are made within primary product filing
- ✓ Objections to secondary product filings will be based on differences/variation from primary

# AMENDING FORMS (“FLIPPING” PROCESS)

---

- ✓ When all objections are resolved within primary product filing, you will be asked to amend all other product filings in accordance with these changes
- ✓ 5-day turnaround time, subject to OIC and WAHBE deadlines
- ✓ Required certification of changes

# WHAT'S NEW FOR PY2026?

---

- **Essential Health Benefits Benchmark Plan**
  - Includes new benefits:
    - Donor human milk (per RCW 48.43.815)
    - Hearing instruments and associated services (per RCW 48.43.135)
    - Artificial insemination
  - More information, including the benchmark plan, can be found on the OIC's website:
    - [Currently](#) and [after new website release](#)
- **Breast Exams**
  - IRS Notice 2024-75 expanded the list of preventative care benefits to be provided by a HDHP without a deductible
  - When considering both IRS Notice 2024-75 and RCW 48.43.076 in conjunction, the OIC will require fully insured non-grandfathered health plans **issued or renewed on or after January 1, 2025**, to cover diagnostic and supplemental breast examinations - including ultrasounds, MRIs, and similar screenings – without cost-sharing on qualified HDHPs



# WHAT'S NEW FOR PY2026? (cont'd)

---

- **2025 Marketplace Integrity and Affordability Proposed Rule**
  - The rule proposes to adopt many changes including:
    - Prohibiting issuers from providing coverage of sex-trait modifications as an essential health benefit
    - Revise actuarial value standards for health plans
    - Revise automatic reenrollment hierarchy
    - Revise the premium adjustment percentage methodology
  - It is unknown if the proposed rule will be finalized before the May 15<sup>th</sup> filing deadline
    - Carriers should not file any rates and forms based on the proposed rule
    - Once the final rule is published, the OIC will send out a GovDelivery communication with further instructions

# WHAT'S NEW FOR PY2026? (cont'd)

---

## **Health Plan Maximum Out of Pocket\*:**

- \$10,150 for self only coverage
- \$20,300 for other than self only coverage

## **Pediatric Dental Annual Limit on Cost Sharing\*\*:**

- \$450 for one child
- \$900 for multiple children

\* Source: PAPI Guidance for 2026 Benefit Year (10/8/2024)

\*\* Source: 2026 Final Letter to Issuers in the Federally-Facilitated Exchanges (1/15/2025)

# WHAT'S NEW FOR PY2026? (cont'd)

---

## **HB 1090/ SB 5498**

- Concerning Contraceptive Coverage

## **ESHB 1291**

- Cost sharing for maternity services

## **SHB 1669 / ESSB 5629**

- Coverage requirements for prosthetic limbs and custom orthotic braces.

*(Note: only applies to small and large group plans)*

# WHAT'S NEW FOR PY2026? (cont'd)

---

## **ESHB 1971**

- Increasing access to prescription hormone therapy

## **ESSB 5594**

- Concerning biosimilar medicines and interchangeable biological products

# ADDITIONAL RESOURCES

---

## Women's Preventive Services Guidelines (HRSA)

- <https://www.hrsa.gov/womens-guidelines/index.html>

## U.S. Preventive Services Task Force A & B Recommendations

- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-and-b-recommendations?SORT=D&DESC=1>

# TIPS FOR SUCCESS: HELP US HELP YOU!

---

- ✓ REVIEW YOUR FILINGS FOR CONSISTENCY AND MATCHING INFORMATION
  - ✓ Highly recommend submitting STM checklist with form filing
- ✓ BE PROACTIVE
- ✓ COMMUNICATE WITH YOUR ANALYST
  - ✓ All communications that relate to the OIC's review of a specific filing **must** occur in SERFF



# Provider Networks

*Jennifer Kreidler, Provider Network Oversight Program Manager*

# Network Adequacy Exception

---

For plan year 2026 HHS has granted Washington state an exception to the requirements of 45 CFR 155.1050(a)(2)(i) because the state applies and enforces alternate quantitative network adequacy standards [45 CFR 155.1050(a)(2)(ii)]

- Washington state **will not** be imposing quantitative time and distance standards.
  - Do not file justification documents
- Washington state **will not** be imposing appointment wait time standards.
- Washington state **will be** collecting information about access to Telehealth services.
  - Information will be collected in the Provider Network Form A report.



# DOES YOUR NETWORK MATCH?

---

PNOP will review the following:

- Network name(s) listed in approved provider contracts
- Registered network maintenance information:
  - Name,
  - Type of network (single or tiered),
  - Market (outside, Exchange or both)
  - Line of Business
  - HCBM licensure and subnetwork names
- Service Area template
- ECP and Network Adequacy Template
- Network ID Template
- **Access Plan and GeoNetwork Report – *SPNRR open 4/18/2025***
- Provider Network Form A report

# ESSENTIAL COMMUNITY PROVIDER (ECP)

---

The approach for review will remain the same for PY2026 as PY2025.

- Overall participation threshold is **35%** of available ECPs in the plan's service area
- Washington state rule currently requires carriers to meet a 30% standard
- Carriers will be required to meet highest participation standard

# ECP/NA Template

---

- Washington state **does not** use the network adequacy data side on the ECP/NA Template
  - Provider Network Form A report is used to collect network access data

# ECP/NA TEMPLATE (cont'd)

---

## Provider reporting requirements by location:

- Washington state network access standards
  - The Provider Network Form A report should include **all** contracted in-network providers
  - Meeting network access standards may include access to providers in nearby states
- ECP standards
  - The ECP side of the ECP/NA template may only include providers located in the state corresponding to the carrier's service area for the respective plan ID and network ID combination
  - ECPs reported outside Washington state will not count towards meeting threshold requirements

# ECP/NA TEMPLATE (cont'd)

---

- Washington state uses the alternate access delivery request (AADR) process to report
  - Carrier issues meeting the ECP threshold standards
  - Network access issues:
    - SADPs [WAC 284-170-200(14)] or
    - Health benefit plans [WAC 284-170-200(15)]
- *New Alternate Access Delivery Request Form C* available
- Washington state **does not** use the ECP and Network Adequacy Justification Form.

# TIERED NETWORK

---

- Tiered network means a network that identifies and groups providers and facilities into specific groups to:
  - Reimburse providers differently, or
  - Establish different enrollee cost-sharing levels, or
  - Establish provider access requirements, or
  - Any combination thereof, apply as a means to manage cost, utilization, quality, or to otherwise incentivize enrollee or provider behavior.
- Only tier one providers will be counted to determine essential community provider threshold standards.
- **CAUTION:** Benefit design changes may change your network structure and require development of a new network.

# WHAT'S NEW FOR PY2026?

---

**Substitute Senate Bill 5579** – Prohibiting health carriers, facilities, and providers from making any public statements of any potential or planned contract terminations unless it satisfies a legal obligation.

# Rates

*Rocky Patterson, Actuary*



# Key Changes Impacting ACA Rate Filings

---

- **New proposed federal rule** (Marketplace Integrity and Affordability Rule)
- Requirement for **two sets of rates** due to potential expiration of expanded Advance Premium Tax Credits (e-APTCs)
- Introduction of the **CSR Silver Loading Emergency Rule**
- Updates to **Speed to Market Tools**

# Proposed Federal Rule – Rate Filing Process

---

- The federal rule is **not final**, but it impacts PY26 filings.
- If **not finalized before the deadline**, carriers must file based on current regulations.
- If finalized **after the deadline**, carriers will be allowed to update only components of their filings that violate the new rule.
- **Market fairness policy**: No additional updates permitted based on final rule provisions.

# Two Sets of PY2026 Individual Health Plan Rates (Part 1)

---

## Why Two Sets?

- Due to uncertainty regarding the continuation of **ARPA subsidies (e-APTCs)**
- Without congressional action, e-APTCs will **expire**, leading to potential market disruption.

## How to File:

- **Primary rate filing:** Assume **e-APTCs are NOT extended**.
- **Secondary rate set:** Load a version in the **Supporting Documents tab (SERFF)** assuming **e-APTCs are extended**.

# Two Sets of PY2026 Individual Health Plan Rates (Part 2)

---

## Key Process Guidelines:

- **Do NOT update** the secondary rate set unless an objection explicitly requests it.
- **Do NOT modify** Company Rate Information or Rate Review Detail unless requested.
- If e-APTCs are extended **during review**, OIC will instruct carriers to replace the default rate documents.
- **Final filings must contain only one rate set**—OIC will issue instructions before disposition.

*More details available in **updated Speed to Market Tools** on the OIC website.*

# CSR Silver Loading Emergency Rule

---

Expiration of e-APTCs expected to drive:

- Enrollment decline
- Increased morbidity
- Rising net premiums

New emergency rule implemented to mitigate these risks.

- **Rate filings must comply** with the rule.
- Assumptions on **membership and morbidity must reflect its impact.**

*Find the emergency rule and additional guidance in the rate filing checklist on our website.*

# Draft Rate Filing Speed to Market Tools

---

- All Speed to Market Tools available in draft on the OIC website.
- Feedback Deadline: 03/28/2025
- Comments will inform final revisions.

# Rate Filing Speed to Market Tool Changes

---

Most changes only impact ACA rate filings

## Enhancements:

- Two sets of rates reflected in Individual Health Plan Tools
- Revised Individual & Small Group Checklists (emergency rule & redundant info removed)
- New filing exhibit template for standardized reporting

# Rate Filing Review Process Highlights

---

- Preliminary reviews of all rate filings within the first couple of weeks.
- Rate filing review priority (after preliminary reviews):
  - On-exchange rate filings first
  - Off-exchange rate filings second



# How to Expedite the Review Process

---

- Submit the final STMs in the rate filing
- Submit complete responses to rate filing objections.
- If you need clarification of an objection, contact the reviewer before you respond.

## PY2026 INDIVIDUAL SUPPLEMENTAL CHECKLIST FOR 1332 WAIVER REPORTING

---

- Checklist required by Washington Health Benefit Exchange (HBE) for 1332 Waiver Reporting.
- Applies to all individual carriers, on-Exchange and off-Exchange.
- OIC will review this checklist as part of rate filing.
- Detailed instructions available in the supplemental checklist.

# PY2026 USER FEES

---

- PY26 Exchange User Fees:
  - QHPs \$5.11 PMPM
  - QDPs \$0.94 PMPM
  - Pediatric Dental Plans \$0.67 PMPM
- PY26 Risk Adjustment User Fee: \$0.20 PMPM.

# URRT/SERFF PROCEDURE

---

Once the state determination is entered in URRT tab (SERFF) and the final action is submitted,

- Rate filings are permanently locked.
- The state cannot reopen filings (same as prior years).

# SERFF Binders

*Ben Driver, Actuary*

# BINDER REVIEW PROCESS (HIGH LEVEL)

## Step 1

### Preliminary Review:

- Basic consistency and compliance checks:
  - Correct documents included?
  - HIOS IDs, plan names, etc., are consistent across documents?
  - Data Integrity Tool results?
  - Service area requirements are met?

## Step 2

### Substantive Review:

- Detailed checks are performed.
- Analysts compare the binder, form, network, and rate filings for consistency.
- Generally, this is step represents the majority of review and results in the majority of objections.

## Step 3

### Cleanup:

- Check consistency with final versions of rate and form documents.
- Prepare filing for final disposition and reporting.

### Notes:

- The process is not always linear. Preliminary checks are rerun throughout the process.
- Cleaner filings receive fewer objections and permit later review stages to begin earlier.

# CONNECTING THE RATE, FORM, AND BINDER FILINGS

---

Use the same entries across documents:

- Plan names.
- HIOS IDs.
- Metal actuarial values (Metal AVs).
- Metal levels.
- Exchange marketing intentions.
- New or Existing Plan.

Ensure consistency between documents:

- Schedule of Benefits (form filing) vs. Plans and Benefits Template (binder filing).
- Benefit Components Template (rate filing) vs. Plans and Benefits Template (binder filing).
- Rate Schedules (rate filing) vs. Rate Data Template (binder filing).
- Rate Schedules (rate filing) vs. Service Area Template (binder filing).
- Unified Rate Review Template (rate filing) vs. Rate Data Template (binder filing).

# PLANS AND BENEFITS TEMPLATE – EXCHANGE STATUS

QHP/Non-QHP Field in the PBT (Benefits Package worksheets)

- Page 2E-6 of the “Qualified Health Plan Issuer Application Instructions: Plan Year 2025”

|              |   |
|--------------|---|
| QHP/Non-QHP* | <p>Indicate whether the plan will be offered only on the Exchange, only off the Exchange, or both on and off the Exchange. Choose from the following:</p> <ul style="list-style-type: none"><li>◆ <b>On the Exchange</b>—if the plan will be offered only on the Exchange. Under the guaranteed availability requirements in 45 CFR 147.104, a plan offered on the Exchange generally must be available to individuals and employers (as applicable) in the state who apply for the plan off the Exchange. If you offer a plan on the Exchange, select <b>Both</b> unless an exception to guaranteed availability applies.</li><li>◆ <b>Off the Exchange</b>—if the plan will be offered only off the Exchange. This includes non-QHPs and plans that are substantially the same as a QHP offered on the Exchange as part of the risk corridor program (see 45 CFR 153.500 for more details).</li><li>◆ <b>Both</b>—if the plan will be offered both on and off the Exchange. Such plans must have the same premium, provider network, cost sharing structure, service area, and benefits, regardless of where they are offered. Selecting this option creates two separate plan variations when the Cost Share Variances worksheet is created: one on-Exchange plan and one off-Exchange plan.</li></ul> |
|--------------|---|

- Enter “Both” for plans (other than catastrophic plans) that are offered on the exchange.
- Enter “On the Exchange” for catastrophic plans.
- Enter “Off the Exchange” for plans not offered on the exchange.

OIC Templates (including Benefit Components, Snapshot, and Rate Schedules)

- Enter based on **marketing intentions** instead.



# REMINDERS, UPDATES, and NEWS

---

## **Binder Filing General Instructions and Templates**

- Final filing instructions and templates are pending release of CMS's final QHP documents.

## **Service Area Template and Network ID Template**

- Submit the same Service Area and Network ID Template across both coverage types (medical and dental) and both markets (individual and small group).
- Do NOT reuse service area IDs or network IDs across coverage types (medical and dental) or markets (individual and small group).

# REMINDERS, UPDATES, and NEWS (cont.)

---

## **Plans and Benefits Template (PBT) Add-In File & Benefits Package Worksheets**

- Use “Not Applicable” for the Design Type data entry field in the Plans and Benefits Template.
- The Benefit Information tables in your PBT Benefits Package worksheets should match Exhibit C, except where deviations are allowed (see Exhibits B and C for details).
- EHB Variance Reason: Do NOT use “Substituted,” “Substantially Equal,” or “Using Alternate Benchmark.” See Exhibit B and C for allowable reasons.

## **CMS’s Standardized Plans Add-In File**

- If CMS’s add-in file is updated to match Washington's benchmark plan, please take advantage of this tool.
- Otherwise, please use Exhibits B and C to update the benefit information tables in your PBTs.
- Stay tuned. We will address the revised add-in file when we release our revised filing instructions and templates.

# REMINDERS, UPDATES, and NEWS (cont.)

## 2025 Marketplace Integrity and Affordability Proposed Rule

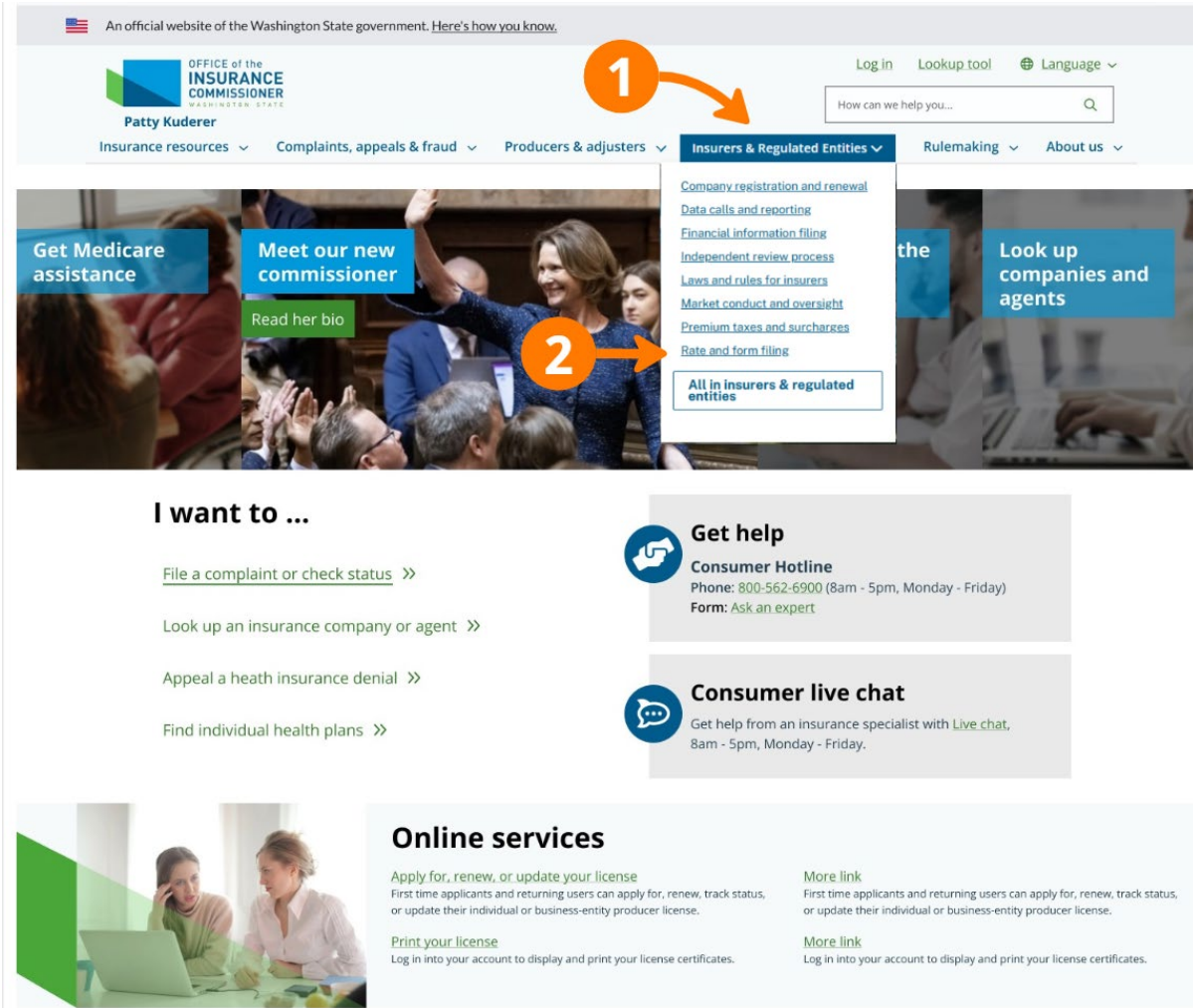
- Proposed maximum out of pocket (MOOP) and AV de minimis range changes.
- Filings must be compliant with current rules (not proposed rules) at the time of filing.
- If proposed rules are later adopted, updates may be required to achieve compliance.

# Upcoming Changes to OIC's Website

*Laura Walker, Web Services Manager*

# New OIC website launching April 21, 2025

## What's changing?



1. Begin by clicking on the dropdown menu labeled **"Insurers & Regulated Entities"** located at the top of the page.

This will open a list of options related to various insurance providers and regulated organizations.

2. From the displayed menu, select the option titled **"Rates and Form Filing."**

This section will provide you with access to information regarding the rates charged by insurers as well as the forms required for filing.

# Rate and form filing

**OFFICE of the INSURANCE COMMISSIONER**  
WASHINGTON STATE

Online Services | Language

How can we help you...

Insurance Resources | Complaints, Appeals & Fraud | Producers & Adjusters | Insurers & Regulated Entities | Laws & Rules | About Us

Home > Insurers & Regulated Entities > Rate and form filing

## Rate and form filing

We review the rates and forms companies use for their products and check provider networks for health carriers to ensure adequate access to services.

### Review our filing webinars

We host a filing webinar for the new plan year and periodically host webinars to help certain types of filers when new regulations are added or regulations change. We recommend attending these or reading through them for the latest information and tips to ensure a smooth review process.

#### Plan year 2026 filing webinar

[Review the plan year 2025 filing webinar \(PDF 3.05MB\)](#) released on April 3, 2024.

#### Health care benefit manager filing webinar

[Review the HCBM filing webinar \(PDF 2.02MB\)](#) released on Jan. 5, 2022.

### Submit your filings through SERFF

Filings are submitted using the [System for Electronic Rate and Form Filing \(SERFF\)](#), or SERFF.

Once filings are submitted, rate and form regulators start reviewing them to ensure companies comply with state and federal laws and regulations. Actuaries also look at rate filings to ensure they are reasonable and based on good actuarial data.

## Resources for rate and form filing

### Filter by

Resource Type:

Organization type:

**3** [Apply & search](#)

### [Accidental death and dismemberment, disability income filing requirements](#)

Learn about the rate filing requirements for accidental death and dismemberment and disability income providers.

[Instructions](#) [Life and disability companies](#)

3. Filter by **“Resource Type”** and **“Organization Type”**

Click the **“Apply & Search”** bottom

Find Speed to Market (STM) tools, SERFF guidelines and filing instructions.

# STM tools and filing instructions

OFFICE of the  
**INSURANCE**  
COMMISSIONER  
WASHINGTON STATE

Online Services Language ▾

How can we help you...

Insurance Resources ▾ Complaints, Appeals & Fraud ▾ Producers & Adjusters ▾ Insurers & Regulated Entities ▾ Laws & Rules ▾ About Us ▾

Home > Insurers & Regulated Entities > Rate and form filing > Form filing speed to market tools for health and disability

## Form filing speed to market tools for health and disability

Speed to market tools provide guidance to help insurance companies expedite the review of their filings.

### Form filing speed to market guide

Want to know how speed to market tools can be used to make your filings more efficient and expedite your review? Start your filing with a review of our form filing speed to market guide.

[Form Filings Speed to Market Guide \(PDF 907.67KB\)](#)

### Certifications

- [Custom Enrollment Application Certification \(PDF 222.09KB\)](#)
- [Custom Enrollment Application Certification Writable \(PDF 201.02KB\)](#)

### Individual

#### Health care service contractors

- [Checklist - Forms - 2025 All Filers Individual Embedded Pediatric Dental with EHBs \(DOCX 98.40KB\)](#)
- [Checklist - Forms - 2025 HCSC Individual Analyst Checklist \(DOCX 420.27KB\)](#)
- [Checklist - Forms - 2025 HCSC Individual Stand Alone Dental with Pediatric EHBs \(DOCX 193.21KB\)](#)

#### Health maintenance organizations

- [Checklist - Forms - 2025 All Filers Individual Embedded Pediatric Dental with EHBs \(DOCX 98.48KB\)](#)
- [Checklist - Forms - 2025 HMO Individual Analyst Checklist \(DOCX 419.01KB\)](#)

### Disability

- [Checklist - Forms - 2025 Disability Individual Analyst Checklist \(DOCX 428.89KB\)](#)
- [Checklist - Forms - 2025 All Filers Individual Embedded Pediatric Dental with EHBs \(DOCX 98.40KB\)](#)

**Get help**  
Rates, Forms and Provider Networks  
Call: 360-725-7111  
Fax: 360-586-0759

**Sign up for updates**  
Sign up to learn more about health care filings.  
[Subscribe to email or text alerts](#)

OFFICE of the  
**INSURANCE**  
COMMISSIONER  
WASHINGTON STATE

Online Services Language ▾

How can we help you...

Insurance Resources ▾ Complaints, Appeals & Fraud ▾ Producers & Adjusters ▾ Insurers & Regulated Entities ▾ Laws & Rules ▾ About Us ▾

Home > Insurers & Regulated Entities > Rate and form filing > Health coverage rate and form filing instructions

## Health coverage rate and form filing instructions

Find rate, form and provider network filing instructions for disability insurers, health care service contractors (HCSCs) and health maintenance organizations (HMOs).

### Who files and what needs to be filed?

You must file all rates and forms prior to use if you're a disability insurer, HCSC or HMO.

May 15, 2025, is the deadline for filing rates, forms, and provider networks with our office for individual market and small group market health plans and for stand-alone dental plans that offer the pediatric essential health benefit for plan year 2026.

Student health plans issued to higher education institutions are individual market health plans and have the same filing deadline of May 15, 2025, for the 2025-2026 school year.

SERFF binders are also due on May 15, 2025, for individual market and small group market health plans and for stand-alone dental plans that offer the pediatric essential health benefit. SERFF binders are not required for student health plans.

Filings received after May 15, 2025, will be rejected without review.

### How do I file?

Use the documents below to assist you in your filing.

- [Instructions - Rates - SERFF LHD Rate Filing General Instructions \(DOCX 144.23KB\)](#)
- [Instructions - Forms - SERFF HD Form Filing General Instructions \(PDF 676.14KB\)](#)
- [Instructions - Binder - SERFF HD General Binder Filing Instructions \(DOCX 159.84KB\)](#)
- [Binder speed to market tools for health and disability](#)
- [Form filing speed to market tools for health and disability](#)
- [2024 NAIC Life, Accident & Health, Annuity and Credit Product Coding Matrix \(PDF 382.79KB\)](#)

**Get help**  
Rates, Forms and Provider Networks  
Call: 360-725-7111  
Fax: 360-586-0759

**Quick Tip**  
[Network access reports, instructions and filing requirements](#)  
[Binder speed to market tools for health and disability](#)  
[Form filing speed to market tools for health and disability](#)

**Sign up for**

Preview our [demo website](#) and let us know your thoughts—[send us a message!](#)

# Recap

*Ned Gaines, Deputy Commissioner*



# NEXT STEPS

---

We are still waiting on:

- PBT instructions to finalize Binder GFIs

We will update GFIs/STMs as necessary.

# COMMUNICATION

---

If you have a question, contact us.

- Start with the OIC analyst assigned to your filing in SERFF.
- If you get the same objection a second time and you don't understand why, contact us.
- Remember that there is one OIC and many carriers.
- Please organize your questions.

If you asked a question today that we didn't answer, email it to [Rfhealthplan@oic.wa.gov](mailto:Rfhealthplan@oic.wa.gov)

# FILING DEADLINE

---

The filing deadline is May 15, 2025.

Please do not wait until the last minute to submit your filings.

Thank you for attending our PY26  
filing webinar!

Any questions?

# Questions?

---

Kim Tocco

Acting Deputy Commissioner (effective April 7, 2025)

[Kim.Tocco@oic.wa.gov](mailto:Kim.Tocco@oic.wa.gov)

Connect with us!

- Facebook: <https://www.facebook.com/WSOIC>
- Instagram: [https://www.instagram.com/wa\\_oic/](https://www.instagram.com/wa_oic/)
- Bluesky: <https://bsky.app/profile/oicwa.bsky.social>
- [www.insurance.wa.gov](http://www.insurance.wa.gov)