

Washington State SERFF Health and Disability Rate Filing General Instructions

These instructions apply to filing of rates for all major medical plans, stand-alone dental, and stand-alone vision plans.

Please see the Washington State SERFF Life and Disability Rate and Form Filing General Instructions for filing of any of the following: life insurance, annuities, Medicare supplement plans, long term care insurance, credit life insurance, life settlements, accidental death and dismemberment, and disability income insurance.

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INSTRUCTIONS

I. Individual and Small Group Rate Filings

I.A. Individual and Small Group Health Plans and Pediatric Dental Plans for HCSCs, HMOs and Disability Issuers

I.A.1. Per WAC 284-43-0200, all 2019 filings under Section I.A (individual health plans, small group health plans, and stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits) must be filed by May 24, 2018. Issuers will be permitted to amend filings only at the direction of the commissioner. Filings not timely submitted will be rejected without review.

I.A.2. Health Plans for Nongrandfathered Individual and Small Groups offered, Issued, or renewed on or after January 1, 2019

- (a) Scope of Section by Type of Insurance (TOI) in SERFF: H16I, HOrg02I, H16G, or HOrg02G.
- (b) Public Information
 - (i) Per RCW 48.02.120(4), all nongrandfathered individual and small group rate filings are subject to public inspection.
- (c) Experience:
 - (i) Under 45 CFR §156.80, the experience of all nongrandfathered individual plans must be pooled together for rating purposes, and the experience of all nongrandfathered small group plans must be pooled together for rating purposes.
- (d) Submission Requirements:
 - (i) Under the General Information tab in SERFF:
 1. In the SERFF Product Name field – the product name must start with 2019 nongrandfathered [individual or small group].
 2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings.
 3. Properly complete the “Exchange Intentions” field.
 4. In the Filing Description section:
 - 4.1 List the metal level and actuarial value for each plan.

- 4.2 Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit and cost-sharing changes. If there are no benefit or cost-sharing changes or if benefit and cost-sharing changes have no rate impacts, indicate 0% on the benefit and cost-sharing changes. If you are a new issuer to the market or have only new plans, indicate that all plans are new plans.
 - 4.3 Provide a brief description of the benefit and cost-sharing changes by plan and indicate whether the particular benefit or cost-sharing change is required by state or federal regulations. If you are a new issuer to the market or have only new plans, indicate that all plans are new plans.
- (ii) Under the Rate/Rule Schedule tab in SERFF:
1. New or Revised field:
 - 1.1 If you offered plans in the previous plan year, select "Revised."
 - 1.2 Otherwise, select "New."
 2. Include a complete rate schedule in Excel file format and a PDF version of the Excel file; all other required supporting documentation and information should be attached under the Supporting Documentation tab.
 - 2.1 You must name the PDF file "Rate Schedule" and the Excel file "Rate Schedule Duplicate.xlsx."
 - 2.2 You must use one of the following rate schedule formatting files (provided on the OIC website) to create your Excel rate schedule file:
 - 2.2.1 For Individual: *Format-Rates-2019 Individual Nongrandfathered Health Plan Rate Schedule.*
 - 2.2.2 For Small Group: *Format-Rates-2019 Small Group Nongrandfathered Health Plan Rate Schedule.*
 3. List the affected form number for each plan.
 4. You must check the box "Add Rate Data" and populate all fields (including Product ID and HIOS Submission ID) with accurate data. For a new carrier, you may populate only the mandatory fields.
- (iii) Under the Supporting Documentation tab in SERFF:
1. Attach in PDF and in Excel format, *Part I Unified Rate Review Template (URRT).*
 - 1.1 The PDF file must be the PDF version of the Excel file.
 - 1.2 You must name the Part I PDF file "Part I Unified Rate Review Template" and the Excel file "Part I Unified Rate Review Template Duplicate.xlsx"

2. Attach in PDF format, Part II Written Description Justifying the Rate Increase.
 - 2.1 You must name the Part II PDF file "Part II Written Description Justifying the Rate Increase"
3. Attach in PDF format, Part III Rate Filing Documentation and Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154.
 - 3.1 You must name the Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum."
 - 3.2 Include rate development exhibits in both Excel and PDF formats. Excel files must have the formulas used to generate rates and rate changes. The Excel file name must match the PDF file name except the Excel file name must end with "Duplicate.xlsx."
4. Complete and attach, in both Excel and PDF formats, the individual and small group rate filing summary under WAC 284-43-6660.
 - 4.1 You must use the Excel formatting file: *Format-Rates-WAC 284-43-6660 Summary Duplicate.xlsx* (File provided on the WA OIC's website).
 - 4.2 Name the files "WAC 284-43-6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx"
 - 4.3 All issuers (HCSCs, HMOs, and disability carriers) are required to submit the individual and small group rate filing summary under WAC 284-43-6660.
5. The following documents are required and are provided in the Filing Rules tab, General Instructions Section of SERFF.
 - 5.1 Checklist-R&F-2019 Individual Medical Uniform Product Modification Justification.pdf or Checklist-R&F-2019 Small Group Medical Uniform Product Modification Justification.pdf, as applicable.

You must submit this Uniform Product Modification Justification (UPMJ) as a separate document in both PDF and Excel formats (the PDF file must match the Excel file exactly). The Excel file name must match the PDF file name except the Excel file name must end with "Duplicate.xlsx."
 - 5.2 For individual filings:
 - 5.2.1 Checklist-Rates – 2019 Individual Nongrandfathered Health Plans
 - 5.2.2 Certification-Rates – 2019 Ind Mental Health and Substance Use Disorder Financial Reqs
 - 5.3 For small group filings:
 - 5.3.1 Checklist-Rates – 2019 Small Group Nongrandfathered Health Plans

5.3.2 Certification-Rates – 2019 Sm Grp Mental Health and Substance
Use Disorder Financial Reqs

- (iv) Special notes related to the documents required under Section I.A.2.(d).(iii).5: Although we will not reject your filing if you fail to submit a document or if any of these documents is incomplete, we recommend issuers pay attention to these documents and make sure each one is complete and of good quality. Once we receive your filing, we will perform an initial quality review. If we find your documents are incomplete or of poor quality, we will stop the review of your filings until you resubmit the documents.
- (e) Your individual or small group rate filing will be rejected if any of the following conditions exist:
 - (i) Your 2019 filing is submitted after May 24, 2018.
 - (ii) You do not attach Parts I, II, and III as required under Section I.A.2(d)(iii).
 - (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.2(d)(i).
 - (iv) Any additional rejection criteria listed in Section III.
- (f) Rejected Filings will not be Re-Opened
 - (i) If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and the General Filing Instructions.

I.A.3. Pediatric Stand Alone Dental Plan for 2019 Plan Year

- (a) Scope of Section by TOI in SERFF: H10I.001 or H10G.001
- (b) The Washington Health Benefit Exchange (WAHBE) has provided the following guidance for individual and small group filings intended for certification as qualified health plans (QHPs) or qualified dental plans (QDPs) for plan year 2019:
 - (i) Individual market:
 1. The WAHBE Board will certify both QHPs and QDPs for plan year 2019. Major medical plans intended for QHP must not include the pediatric dental essential health benefit.
 2. The pediatric dental essential health benefit must be offered in a stand-alone dental plan for QDP certification. A stand-alone QDP that offers the pediatric dental essential health benefit may be offered as a pediatric-only plan or as a family plan that includes adult dental benefits. The WAHBE Board may certify stand-alone family and pediatric-only QDPs to be offered in the outside market in 2019. The WAHBE Board may certify pediatric-only and family QDPs to be offered inside the Exchange in 2019.
 - (ii) Small group (SHOP) market:

1. The WAHBE Board may certify QHPs for availability in the SHOP market for plan year 2019. In the SHOP market, the pediatric dental essential health benefit must be embedded in the major medical plan.
 2. The WAHBE Board may certify stand-alone QDPs for plan year 2019 to be offered in the off-Exchange small group market. These plans must include the pediatric dental essential health benefit and must meet all certification criteria applicable to plans offered outside the Exchange.
 3. If WAHBE certifies QHPs for availability in the SHOP market, the SHOP will support list billing for rates for plan year 2019. Composite rating will not be supported in the SHOP for plan year 2019.
- (iii) For stand-alone dental plan rate filings, issuers are required to submit **only one** public rate filing and one not-for-public rate filing (if applicable) per **(individual or small group)** market.
- (c) Submission Requirements for all stand-alone dental plans that provide pediatric dental benefits as one of the essential health benefits (EHBs):
- (i) Under the General Information Tab in SERFF:
 1. The Product Name in SERFF must include one of the following naming conventions to describe your rate filing for the market:
 - 1.1 "Individual-EHB Dental-Both Inside and Outside Exchange – [public or not-for-public]
 - 1.2 "Individual-EHB Dental-Exchange Only – [public or not-for-public]
 - 1.3 "Individual-EHB Dental-Outside Exchange Only – [public or not-for-public]
 - 1.4 "Small Group-EHB Dental-Both Inside and Outside Exchange – [public or not-for-public]
 - 1.5 "Small Group-EHB Dental-Exchange Only – [public or not-for-public]
 - 1.6 "Small Group-EHB Dental-Outside Exchange Only – [public or not-for-public]
 - 1.7 If you have various plans that include inside Exchange only plans and Outside Exchange only plans, use the naming convention in either 1.1 or 1.4 above,
 2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings and the corresponding rate filing (if you request a separate not-for-public rate filing).
 - (ii) In the public rate filing,
 1. Under the General Information tab in SERFF:
 - 1.1 In the Filing Description section:

- 1.1.1 If the company is requesting a separate not-for-public rate filing state "the company is requesting a separate not-for-public rate filing."
- 1.1.2 For each dental plan:
 - 1.1.2.1 State the HIOS Plan ID and Plan Name.
 - 1.1.2.2 State the product name filed in the form filing and whether the plan provides "Stand-alone pediatric dental plan" only or "Stand-alone family dental plan."
 - 1.1.2.3 State whether you are marketing the plan inside the Exchange only, outside the Exchange only, or both inside and outside the Exchange.
 - 1.1.2.4 List the plan's exact actuarial value (to two decimal points).
 - 1.1.2.5 Indicate that an actuarial certification as required by 45 CFR §156.150(2) is included in the supporting documentation tab.
 - 1.1.2.6 Indicate whether this is a new plan or, for the 2018 QDP issuer, a renewal plan or a modification from the 2018 QDP plan.
 - 1.1.2.7 Breakout the overall percentage of rate impact by the percentage of rate impact due to the dental experience changes and the percentage of rate impact due to benefit and cost-sharing changes. If you are a new issuer to the market or have only new plans, indicate all plans are new plans.
2. Under the Rate/Rule Schedule tab in SERFF:
 - 2.1 New or Revised field:
 - 2.1.1 If you offered plans in the previous plan year, select "Revised."
 - 2.1.2 Otherwise, select "New."
 - 2.2 List the affected form number for each plan.
 - 2.3 Include a complete rate schedule as a separate PDF document.
 - 2.3.1 The rate schedule must include all of the following information for each plan:
 - 2.3.1.1 Issuer Name
 - 2.3.1.2 "Individual" or "Small Group"
 - 2.3.1.3 HIOS Plan ID
 - 2.3.1.4 Plan Name
 - 2.3.1.5 "Stand-alone pediatric dental plan" only or "Stand-alone family dental plan."
 - 2.3.1.6 Whether you are marketing the plan inside the Exchange only, outside the Exchange only, or both inside and outside the Exchange.

2.3.1.7 The plan's service area

2.3.1.8 The plan's rates

3. Under the Supporting Documentation tab in SERFF:
 - 3.1 Complete and attach a *Checklist-Rates-2019 EHB Dental Rate Filing* document (File provided on the WA OIC's website).
 - 3.2 Attach an actuarial certification as required by 45 CFR §156.150.
 - 3.3 Attach a description of benefit components used for pricing.
 - 3.4 Complete and attach a filing summary under WAC 284-43-6660.
 - 3.4.1 Use the *Format - Rates - WAC 284-43-6660 Summary Duplicate* document (File provided on the WA OIC's website).
 - 3.5 Include all other supporting documentation and justification that is subject to public inspection.
- (iii) If you request a separate "not-for-public" rate filing,
 1. You must provide one public rate filing, and one not-for-public rate filing. Follow the same instructions, in Section I.A.3(c)(ii), as the separate public rate filing.
 2. In the not-for-public filing
 - 2.1 State clearly in SERFF Product Name Field under General Information tab "not-for-public."
 - 2.2 Include supporting documentation and justification in the public filing that is subject to public inspection.
 - 2.3 Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120(3), including a list of documents not included in the public rate filing.
 - 2.4 Include any additional documentation that is not-for-public inspection in the Supporting Documentation tab.
- (d) Your stand-alone dental rate filing will be rejected if any of the following conditions exist:
 - (i) Your 2019 filing is submitted after May 24, 2018.
 - (ii) You do not follow the product naming requirements in Section I.A.3(c).
 - (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.3(c).
 - (iv) Any additional rejection criteria listed in Section III.

I.A.4. Student Health Plans

- (a) Per 45 CFR §147.145, student health insurance coverage is a type of individual health insurance coverage (as defined in 45 CFR § 144.103) that is provided pursuant to a written agreement between an institution of higher education and a health insurance issuer, and provided to students enrolled in that institution of higher education and their dependents.
- (b) Student health plans can only be issued by disability issuers per RCW 48.21.040(1)(c).
- (c) Scope of Section by Type of Insurance (TOI) in SERFF: H22
- (d) Issuers are required to submit only one public rate filing and one not-for-public rate filing (if applicable) for all student health plans.
- (e) Submission Requirements:
 - (i) Under the General Information tab in SERFF:
 - 1. The Product Name in SERFF must include the following naming conventions to describe your filing:
 - 1.1 "2018-2019 School Year Student Health Plan– [public or not-for-public].
 - 2. In the Corresponding Filing Tracking Number field, list all the SERFF Tracking Numbers of the corresponding form filings and the corresponding rate filing (if you request a separate not-for-public rate filing).
 - (ii) In the public rate filing,
 - 1. Under the General Information tab in SERFF:
 - 1.1 In the Filing Description section:
 - 1.1.1 If the company is requesting a separate not-for-public rate filing state "the company is requesting a separate not-for-public rate filing."
 - 1.1.2 For each student health plan:
 - 1.1.2.1 State whether the plan will be issued to a specific college, multiple colleges (list the names of the colleges), or any college.
 - 1.1.2.2 List the plan's exact actuarial value (to two decimal points).
 - 1.1.2.3 Indicate whether this is a new plan or a renewal plan
 - 1.1.2.4 Breakout the overall percentage of rate impact by the percentage of rate impact due to the experience changes and the percentage of rate impact due to benefit and cost-sharing changes. If you are a new issuer to the market, indicate all plans are new plans.
 - 2. Under the Rate/Rule Schedule tab in SERFF:

- 2.1 New or Revised field:
 - 2.1.1 If you offered plans in the previous school year, select "Revised."
 - 2.1.2 Otherwise, select "New."
 - 2.2 List the affected form number for each plan.
 - 2.3 Include a complete rate schedule as a separate PDF document.
 - 2.3.1 The rate schedule must include all of the following information for each plan:
 - 2.3.1.1 Issuer Name
 - 2.3.1.2 2018-2019 School Year
 - 2.3.1.3 School Name(s) if applicable.
 - 2.3.1.4 Plan Name
 - 2.3.1.5 The plan's service area
 - 2.3.1.6 The plan's rates
 3. Under the Supporting Documentation tab in SERFF:
 - 3.1 Complete and attach a *Checklist-Rates-2018-2019 School Year Higher Education Student Health Plan* document (File provided on the WA OIC's website).
 - 3.2 Attach a description of benefit components used for pricing.
 - 3.3 Include all other supporting documentation and justification that is subject to public inspection.
- (iii) If you request a separate "not-for-public" rate filing,
1. You must provide one public rate filing, and one not-for-public rate filing. State clearly in SERFF Product Name Field under General Information tab in SERFF: "public" or "not-for-public".
 2. Both public and not-for-public rate filings must follow instructions. The not-for-public rate filing must be a complete rate filing including the rate schedule and all supporting documentation.
 3. Include only supporting documentation and justification in the public filing that is subject to public inspection.
 4. In the not-for-public filing only:
 - 4.1 Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120, including a list of documents not included in the public rate filing.
 - 4.2 Include all not-for-public documentation and justification in the Supporting Documentation tab.
- (f) Your student health plan rate filing will be rejected if any of the following conditions exist:
- (i) Your 2018 - 2019 school year filing is submitted after May 24, 2018.

- (ii) You do not follow the product naming requirements in Section I.A.4 (e).
- (iii) You do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.A.4 (e).
- (iv) Any additional rejection criteria listed in Section III.

I.A.5. For Grandfathered Individual and Small Group Health Plans Renewed on or after January 1, 2014

- (a) Scope of Section by TOI in SERFF: H16I, HOrg02I, H16G, or HOrg02G.
- (b) Starting 2014, all state community rating requirements under RCW 48.20.028, 48.21.045(3), 48.44.022, 48.44.023(3), 48.46.064, and 48.46.066(3) apply to grandfathered health plans only. Federal Community rating requirements under 45 CFR §147.102 apply to nongrandfathered health plans. Per RCW 48.02.120(4), except for the numeric values of the small group rating factors as authorized by RCW 48.21.045(3)(a), 48.44.023(3)(a), and 48.46.066(3)(a) and unique new products specifically approved by the Commissioner, all individual and small group rate filings are subject to public inspection.
- (c) Experience:
 - (i) Under the state community rating requirements, the experience of all grandfathered individual plans must be pooled together for rating purposes, and the experience of all grandfathered small group plans must be pooled together for rating purposes.
- (d) Submission Requirements for all individual and small group rate filings, you must:
 - (i) Under the General Information tab in SERFF:
 - 1. In the Filing Description of the General Information tab in SERFF:
 - 1.1 Breakout the overall percentage of rate impact by the percentage of rate impact due to the medical experience changes and the percentage of rate impact due to benefit changes. If there are no benefit changes or if benefit changes have no rate impacts, indicate 0% on the benefit changes.
 - 1.2 Provide a brief description of the benefit changes by product and indicate whether the particular benefit change is required by law (mandated benefits).
 - (ii) Under the Rate/Rule Schedule tab in SERFF:
 - 1. New or Revised field:
 - 1.1 If you offered plans in the previous plan year, select "Revised."
 - 1.2 Otherwise, select "New."
 - 2. Include a complete rate schedule in Excel file and in PDF version of the Excel file.

- 2.1 All required supporting documentation and information should be attached to the Supporting Documentation tab.
 - 2.2 You must name the PDF file "Rate Schedule" and the Excel file "Rate Schedule Duplicate.xlsx."
 3. List the affected form number for each plan.
 4. You must check the box to "Add Rate Data" and populate all fields with accurate data for the public filing. Do not check the box to "Add Rate Data" for the not-for-public filing.
- (iii) Under the Supporting Documentation tab in SERFF:
1. Attach in PDF format and in Excel format, the Part I Unified Rate Review Template.
 - 1.1 For Part I Unified Rate Review Template, the PDF file must include the PDF version of the Excel file. You must name the Part I PDF file "Part I Unified Rate Review Template" and the Excel file "Part I Unified Rate Review Template Duplicate.xlsx"
 2. Attach in PDF format, the Part II Written Description Justifying the Rate Increase.
 - 2.1 You must name the Part II PDF file "Part II Written Description Justifying the Rate Increase."
 3. Attach in PDF format the Part III Actuarial Memorandum as set forth by the US Department of Health and Human Services regulations under 45 CFR Part 154.
 - 3.1 You must name the Part III PDF file "Part III Rate Filing Documentation and Actuarial Memorandum."
 4. Attach in both Excel and PDF formats, the individual and small group rate filing summary under WAC 284-43-6660.
 - 4.1 You must use the Excel formatting file: [Format-Rates-WAC 284-43-6660 Summary Duplicate.xlsx](#) (File provided on the WA OIC's website)
 - 4.2 Name the files "WAC 284-43-6660.pdf" and "WAC 284-43-6660 Duplicate.xlsx."
 - 4.3 HCSCs and HMOs are required to submit the individual and small group rate filing summary under WAC 284-43-6660. Although it is not required for grandfathered plans, we ask disability carriers to voluntarily submit WAC 284-43-6660 in the same manner as HCSCs and HMOs.
 5. Provide an Excel spreadsheet including all built-in formulas and internal links used to generate the rate changes. The Excel spreadsheet must be identical to those PDF files that support and generate the rate changes. The PDF must contain all hidden cells and worksheets. The Excel file name must end with "Duplicate.xlsx".

- (iv) If you choose to withhold the numeric values of small group rate factors from public inspection or if a specific unique new product is approved by the Commissioner to be withheld from public inspection, you must follow these rules:
1. You must submit two rate filings: One not-for-public rate filing and one public rate filing. You must clearly state whether the filing is public or not-for-public in both the Filing Description and the Product Name.
 2. You must submit a complete rate filing for review. The Filing Description must clearly state this filing is proprietary and not subject to public disclosure.
 3. You must submit a complete filing for public disclosure, which is an exact duplicate of the not-for-public filing described in Section I.A.5(d)(ii). In the not-for-public filing, you must attach on the Supporting Documentation tab in SERFF:
 - 3.1 A separate document listing all of the data withheld. This list must identify each piece of information withheld, by description and location in the filing. If one single page includes both public information and proprietary information, only the proprietary information in the particular page can be redacted. Cite the statutory exemption under which you are seeking an exemption, and explain how that exemption applies to this piece of information.
 - 3.2 A certification from an officer stating that the public rate filing is identical to the proprietary rate filing except for the withheld data and the list of exemptions.

I.B. Individual and Small Group (Non-Pediatric) Dental Only and Vision Only Plans for HCSCs and Disability Issuers

I.B.1. Scope of Section by TOI in SERFF: H10I, H10G, H20I, or H20G.

I.B.2. This section applies to plans which are not intended to provide the Pediatric Essential Health Benefits for oral care or vision.

I.B.3. File-and-use: RCW 48.43.733, all rates and forms, and modifications of a contract form or rate, for individual and small group stand-alone dental and stand-alone vision plans issued or renewed on or after January 1, 2016 must be filed before the contract form is offered for sale and before the rate schedule is used.

I.B.4. Applicability of Rule:

- (a) Per RCW 48.43.733(2), WAC 284-43-6520(8) and WAC 284-43-6560(2), issuers must not negotiate individual and small group stand-alone dental and stand-alone vision plans.

- (b) Individual and small group stand-alone dental and stand-alone vision plan rate filings submitted by HCSCs or disability issuers are subject to the applicable requirements in Subchapter I and J of WAC 284-43.
- (c) Per WAC 284-43-6100, the experience of all individual dental plans must be pooled together for rating purposes, and the experience of all small group dental plans must be pooled together for rating purposes. (Note: this requirement does not prohibit issuers from filing a new dental plan anytime during the year.) Filings for individual plans must include each individual plan rate schedule. Filings for small group plans must include base rates and annual base rate changes in dollar and percentage amounts for each small group plan.

I.B.5. Submission Requirements:

- (a) Under the General Information tab in SERFF:
 - (i) In the SERFF Product Name Field,
 - 1. For individual coverage, the product name must start with "Individual Dental Pool – Rate Changes only" for rate changes only, "Individual Dental Pool – Rate Changes with New Plans" for rate changes and adding new plans, or "Individual Dental – New Plans only" for new plans only.
 - 2. For small group coverage, the product name must start with "Small Group Dental Pool – Rate Changes" for rate changes only, "Small Group Dental Pool – Rate Changes with New Plans" for rate changes and adding new plans, or "Small group Dental – New Plans" for new plans only.
 - 3. If the filing is a public filing, include "public"; otherwise, state "not-for-public".
 - (ii) In the Filing Description of the General Information tab in SERFF:
 - 1. Indicate whether the rate filing includes rates for new plans only, existing plans only, or both new and existing plans. List the plan name for each new plan, and the plan name and average rate change for each of the renewal plans.
 - (iii) In the Corresponding Filing Tracking Number field, provide all applicable SERFF Tracking IDs for the corresponding concurrent form filings for new plans and for the most recent corresponding rate and form filings for existing plans.
- (b) If you request certain documents to be not-for-public per RCW 48.02.120(3):
 - (i) You must provide one public rate filing, and one not-for-public rate filing. State clearly in SERFF Product Name: "public" or "not-for-public".
 - (ii) Both public and not-for-public rate filings must include public rates and follow filing instructions. Include only supporting documentation and justification in the public filing that is subject to public inspection.
 - (iii) In the not-for-public rate filing only:

1. Provide a separate statement that summarizes your justification of requesting certain documents to be not-for-public per RCW 48.02.120(3), including a list of documents not included in the public rate filing.
2. Include all not-for-public documentation and justification under the Supporting Documentation tab.

II. Large Group: Health Plans, Dental Only, and Vision Only Plans for HCSCs, HMOs, and Disability Issuers.

II.A. General Requirements for Rate Filings:

II.A.1. Scope of Section by TOI in SERFF: H16G, HOrg02G, H10G, or H20G.

II.A.2. The public rate schedule and the filing description in WAC 284-43-6540 must list all group names and group numbers.

II.A.3. If a rate filing is required, it must be submitted separately from but concurrently with any corresponding new form filing.

II.A.4. If you request some rate filing information to be proprietary:

- (a) You must provide one public rate filing and one not-for-public rate filing.
- (b) State clearly in SERFF Product Name Field under General Information tab in SERFF: "public" rate or "not-for-public" rate.
- (c) Both public and not-for-public rate filings must follow filing instructions.
- (d) Include only supporting documentation in the public filing that is subject to public inspection.
- (e) In the not-for-public rate filing only:
 - (i) Provide a separate statement that summarizes your justification for requesting certain documents to be not-for-public per RCW 48.02.120(3). List the document names that are not-for-public.
 - (ii) Include all not-for-public documentation and justification on the Supporting Documentation tab.

II.B. Four paths to file non-association large group rates and forms: For each non-association large group, issuers are required to make sure the group's rate and form filings are filed utilizing one of the following four procedures. Also see Appendix A: Large Group Form and Rate Filing Flowchart. Corresponding form and rate filings must follow the same filing path, you cannot mix and match filing paths when filing corresponding form and rate filings. For association rate filings, see Section II.C.

II.B.1. *Filing forms using the standard master contract filing process and filing rates using the standard rate manual filing process:*

- (a) **Form Filing:** A "Standard Master Contract" is a health plan, dental only, or vision only contract that is intended to be sold to multiple large groups by HCSCs, HMOs, or disability issuers. See Washington State SERFF Health and Disability Form Filing General Instructions under "Filing Requirements for All Health and Disability Filers" for more information about filing standard master contracts.
 - (i) Standard Master form filings must populate the Product Name field using the naming convention: "Large Group Std. Master [Product Name]"
- (b) **Rate Filing:**
 - (i) A large group standard rate manual filing must include a rate schedule, and the description and methodology used to obtain the premium for a specific group, if given the necessary information, such as, the demographic data and the plan design of the group [WAC 284-43-6520(11)].
 - (ii) The rate manual must be filed before you use it to determine a group's rate.
 - (iii) Under the General Information tab in SERFF:
 - 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Standard Large Group Rate Manual".
 - 1.2 If the filing is a public filing, include "public"; otherwise, state "not-for-public".
 - 2. In the Submission Type Field, indicate the type of submission.
 - 3. In the Filing Description, indicate whether the rate filing includes rates for new plans only, existing plans only, or both new and existing plans. List the plan name for each new plan, and the plan name and average rate change for each of the renewal plan.
 - 4. In the Corresponding Filing Tracking Number field, indicate all applicable SERFF Tracking IDs for the corresponding form filings for new plans and for the most recent corresponding rate and form filing for existing plans.

- (iv) Under the Rate/Rule Schedule tab in SERFF:
 - 1. Attach the rating manual in PDF file format.
 - 2. You may attach an Excel version of the rating manual; however, it must be a duplicate of the PDF version and include "Duplicate.xlsx" at the end of the file name.
 - 3. List the rate action as "revised" for all renewal filings and "new" for all filings with no rate history.
 - 4. Attach an Exhibit as a separate file for the base rate of each plan.
- (v) Under the Supporting Documentation tab in SERFF:
 - 1. Complete and attach Filing Summary under WAC 284-43-6540.
 - 1.1 Use the Format - Rates - WAC 284-43-6540 Summary Duplicate document (Provided on the WA OIC's website).
- (vi) For rate manual guidance, see Guidance-Rates-Large Group Rate Manual in the Filing Rules tab, General Instructions Section of SERFF.
- (vii) If you request some rate information to be proprietary, you must follow the procedures in Section II.A.4.

II.B.2. Filing forms using the standard master contract filing process and filing rates without using the standard rate manual filing process:

- (a) **Form Filing:** A "Standard Master Contract" is a health plan, dental only, or vision only contract intended to be sold to multiple large groups by HCSCs, HMOs, or disability issuers. See Washington State SERFF Health and Disability Form Filing General Instructions under "Filing Requirements for All Health and Disability Filers" for more information about filing a standard master contracts.
 - (i) Standard Master form filings must populate the Product Name field using the naming convention: "Large Group Std. Master [Product Name]"
- (b) **Rate Filing:**
 - (i) Under the General Information tab in SERFF:
 - 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Single Case Rate without Form deviation – [Group's Name]"
 - 2. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
 - (ii) Under the Rate/Rule Schedule tab in SERFF:
 - 1. Submit a complete RATE SCHEDULE ITEM and rate schedule under a public rate filing.
 - 1.1 Use the Rate Schedule Item document (Provided on the WA OIC's website)
 - 2. Filing group experience per WAC 284-43-6540:

- 2.1 Use the *Format - Rates - WAC 284-43-6540 Summary Duplicate* document (Provided on the WA OIC's website).
- 2.2 Use one of the following methods to file a group's experience.
 - 2.2.1 You may submit a rate filing that includes a WAC 284-43-6540 form for the group concurrently with the corresponding public rate filing. To use this method:
 - 2.2.1.1 Indicate in the RATE SCHEDULE ITEM document that "a filing summary under WAC 284-43-6540 is filed concurrently" in the provided section.
 - 2.2.1.2 You may submit the WAC 284-43-6540 form in the public rate filing. If you request the WAC 284-43-6540 form to be proprietary, you must file it in a separate proprietary rate filing (see Section II.A.4) and use the prescribed product name convention ("Single Case Rate without Form deviation – [Group's Name] – Not-for-Public").
 - 2.2.2 You may submit a WAC 284-43-6540 form **annually** for a pool of specific groups or for all large groups. Under this method, a large group's rates are negotiated (not determined by a rate manual) but the group's experience is filed with other large groups or all large groups. If you normally request the WAC 284-43-6540 form to be not-for-public information, we recommend using this method because it eliminates the need to file a separate not-for-public rate filing and WAC 284-43-6540 form for every negotiated group. To use this method:
 - 2.2.2.1 You must submit the WAC 284-43-6540 form concurrently with one of the public filings for a group in the pool.
 - 2.2.2.2 The product name of the large group pooled experience filing must follow the following naming convention: "Single Case Rate without Form deviation – [Concurrent Filing's Group Name] with Pooled Large Group Experience."
 - 2.2.2.3 If the pooled experience does not include all large group experience, list the names of all groups accounted for in the experience. Otherwise, the description under the "Group Pool Name" in WAC 284-43-6540 should state "All Large Groups."

2.2.2.4 In the provided section of the RATE SCHEDULE ITEM document, you must check the box "A filing summary under WAC 284-43-6540 is filed separately with an existing rate manual or with a pool of groups" and provide the corresponding submission date and SERFF tracking number of the rate filing.

II.B.3. Filing Rate and Form filings using the Short Form Filing process: *To use the Short Form filing process, the Short Form must be based upon a standard master contract on file with an effective date within 12 months of the Short Form filing effective date. Association health plans may not be filed using the Short Form process.*

(a) Short Form Filing:

- (i) Definition: The Short Form filing process is used for filing a negotiated large group contract that has 12 or fewer deviations from a filed Standard Master Contract. The process may not be used where a filing has more than 12 deviations from a filed Standard Master Contract. For more information see the Washington State SERFF Health and Disability Form Filing General Instructions.
- (ii) Under the General Information tab in SERFF:
 - 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Short Form – [Group's Name]".
 - 2. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
- (iii) Under the Form Schedule tab in SERFF:
 - 1. Attach a properly completed "Short Form" as set forth in form SHORT FORM ED.5, and as revised from time to time ("SHORT FORM"),
 - 1.1 SHORT FORM ED.5 is a form prescribed by and available from the Commissioner. It can be found on the OIC's website. Click on the "For Insurers" tab and choose "SERFF Filing Guidelines" under Filing Instructions. For more information, see Washington State SERFF Health and Disability Form Filing General Instructions.
 - 1.2 The form number may not be modified, deleted, or removed from SHORT FORM ED.5.
 - 1.3 A public rate schedule must be included in the SHORT FORM ED.5.
 - 2. The filing must include any applicable group-specific or unique application or enrollment forms. The forms must be listed and attached on the Form Schedule tab for review.
 - 2.1 The forms must use the prescribed form name requirements, e.g., "Custom App/Enr [ABC Company]."

- 2.2 The filing must include a completed and signed "Custom Enrollment/Application Certification" for each unique application or group enrollment form submitted for review. The certification(s) must be attached on the Supporting Documentation tab.
- (iv) You may not file an endorsement to a plan that was filed using the Short Form filing process.
1. If a group whose plan has been filed using the Short Form process negotiates a new contract provision during the contract or plan year, the issuer must make this change by submitting a fully negotiated contract according to the instructions set forth below.
- (b) **Rate Filing:** Under a short form filing process, the public rate schedule is filed in the form filing under the SHORT FORM ED.5 document and therefore, an additional rate filing is not required for the purpose of filing rates. However, a separate rate filing is required if you need to file a group's experience per WAC 284-43-6540.
- (i) Under the General Information tab in SERFF:
 1. In the SERFF Product Name Field,
 - 1.1 The product name must start with "Short Form – [Group's Name]".
 - 1.2 If the filing is a public filing, include "public"; otherwise, state "not-for-public".
 2. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
 - (ii) Filing group experience per WAC 284-43-6540
 1. Use the *Format - Rates - WAC 284-43-6540 Summary Duplicate* document (Provided on the WA OIC's website).
 2. A group's experience can be filed in one of the following ways.
 - 2.1 You may submit a rate filing that includes a WAC 284-43-6540 form for the group concurrently with the corresponding Short Form filing. To use this method:
 - 2.1.1 Indicate in the Short Form document that "a filing summary under WAC 284-43-6540 is filed concurrently" in the provided section.
 - 2.1.2 You may submit the WAC 284-43-6540 form as a separate public rate filing **or** proprietary rate filing. If you request the WAC 284-43-6540 form to be proprietary, you must file it as a separate proprietary rate filing (see Section II.A.4) and use the prescribed product name convention ("Short Form – [Group's Name] – Not-for-Public").

- 2.2 You may submit a WAC 284-43-6540 form **annually** for a pool of specific groups or for all large groups. Under this method, a large group's rates are negotiated (not determined by a rate manual) but the group's experience is filed with other large groups or all large groups. If you normally request the WAC 284-43-6540 form to be not-for-public information, we recommend using this method because it eliminates the need to file a separate not-for-public rate filing and WAC 284-43-6540 form for every negotiated group. To use this method:
 - 2.2.1 You must submit the WAC 284-43-6540 form concurrently with one of the Short Form filings for a group in the pool.
 - 2.2.2 The product name of the large group pooled experience filing must follow the following naming convention: "Short Form – [Concurrent Filing's Group Name] with Pooled Large Group Experience."
 - 2.2.3 If the pooled experience does not include all large group experience, list the names of all groups accounted for in the experience. Otherwise, the description under the "Group Pool Name" in WAC 284-43-6540 should state "All Large Groups."
 - 2.2.4 In the provided section of the SHORT FORM ED.5 document, you must check the box "A filing summary under WAC 284-43-6540 is filed separately with an existing rate manual or with a pool of groups" and provide the corresponding submission date and SERFF tracking number of the rate filing.

II.B.4. Filing Rate and Form filings using the Fully Negotiated Contract filing process:

- (a) Fully Negotiated Form Filing:
 - (i) Definition: A "Fully Negotiated Contract" is a complete large group contract sold to one large group. Issuers can file a Fully Negotiated form filing if there are no Standard Master Contracts on file or if the contract has 13 or more deviations from any filed Standard Master Contract.
 - (ii) Fully Negotiated contracts are filed according to Section I of Washington State SERFF Health and Disability Form Filing General Instructions.
 - (iii) Under the General Information tab in SERFF:
 1. In the SERFF Product Name Field, the product name must start with, "Full Neg – [Group's Name]".
 2. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
 - (iv) Under the Form Schedule tab in SERFF:
 1. The filing must be complete; all forms to be used with the Fully Negotiated contract must be listed on the Form Schedule tab.

- 1.1 Any previously-approved forms which are to be used with the Fully Negotiated form filing must be associated with the filing by creating a separate line item for each associated form, but not attaching them.
- 1.2 To do this, you must:
 - 1.2.1 Create a separate line item for each associated form that lists the previously-approved policy form number(s) and form name(s) to be used with the Fully Negotiated filing on the Form Schedule tab. DO NOT attach the policy forms;
 - 1.2.2 All forms associated must be from a filing with the same TOI.
 - 1.2.3 Populate the Action field with "Other" and the Action Specific Data field with "Other Explanation Filed – State Tracking #[XXXXXX]". See Washington State SERFF Health and Disability Form Filing General Instructions.
 - 1.2.4 Associated forms must have received final action from the OIC within the State Government General Records Retention Schedule timeline (8 years). If the form received final action from the OIC outside this retention schedule, the form may not be associated and must be attached to the filing for review.
- 1.3 Any form not previously approved must be listed and attached on the Form Schedule tab for review.
2. The filing must include any applicable group-specific or unique application or enrollment forms. These forms must be listed and attached on the Form Schedule tab for review.
 - 2.1 The forms must use the prescribed form name requirements, e.g., "Custom App/Enr [ABC Company]."
- (v) Under the Supporting Documentation tab in SERFF:
 1. The filing must include a completed and signed "Custom Enrollment/Application Certification" for each unique application or group enrollment form submitted for review. The certification(s) must be attached on the Supporting Documentation tab.
 2. A Large Group Analyst Checklist must be filed under the Supporting Documentation tab. A Checklist is not required for large group vision fully negotiated filings.
 3. The issuer must provide the following information in a separate document:
 - 3.1 Whether the group is a new group or a renewal group.
 - 3.2 The number of employees in the group (see RCW 48.43.005(15) for definition of "employee");
 - 3.3 The number of enrolled employees.

- (vi) A public rate schedule must be included in the Fully Negotiated form filing.
- (vii) Expediting review of forms in a Fully Negotiated filing
 1. Very similar filings may be reviewed as a group, which allows for quicker review and disposition on your filings, and prevents multiple objections with the same language in different filings. Your analyst may contact you to discuss whether a particular set of large group filings should be reviewed as a group. You are also encouraged to contact your analyst if you wish to suggest group review of a set of your large group filings.
 2. Filings that may be reviewed together include a group of Fully Negotiated filings or Standard Master filings which all use the same "base" forms so that they include much of the same language.
 3. You may indicate in your filing that you believe the filing should be reviewed together with some of your other filings. You can do that by creating a list of Tracker IDs for filings that can be reviewed as a group, and attaching it on the Supporting Documents tab. Please indicate on the General Information tab or in your cover letter that the filing is part of a group that may be reviewed together.
 4. Any time you make a Fully Negotiated form filing, and one or more of the forms are substantially similar to a Standard Master contract or a previously-approved form, so that they include much of the same language, you may attach a line out / strikeout document showing the changes from that Standard Master or previously-approved form. On the General Information tab or in a cover letter, indicate you have attached such a line out / strikeout, and provide the Form Number and Tracker ID for the Standard Master or previously-approved form. This allows your analyst to review only the parts of the form(s) that are different from the "base" form, and prevents multiple objections to the same language in different filings.

(b) Rate Filing:

- (i) If the fully negotiated group is a new group, no rate filing is required. If the fully negotiated group is a renewal group, you must file a separate rate filing. The "RATE SCHEDULE ITEM," rate schedule, and the Filing Summary under WAC 284-43-6540 must be filed concurrently in your rate filing(s). If you request the Filing Summary under WAC 284-43-6540 to be proprietary, you must follow the procedures in Washington State SERFF Health and Disability Rate Filing General Instructions, Section II.A.4.
- (ii) Under the General Information tab in SERFF:
 1. If the rate filing is for a single group, in the SERFF Product Name Field,
 - 1.1 The product name must start with "Full Neg – [Group's Name]".
 2. If you negotiate or rate multiple groups together:

- 2.1 The SERFF Product Name must start with "Full Neg – Multiple Groups".
 - 2.2 In the Filing Description field, list the name of each group.
 3. In the Corresponding Filing Tracking Number field, list tracking numbers for the corresponding filings.
- (iii) Under the Rate/Rule Schedule tab in SERFF:
1. For each group, provide a completed RATE SCHEDULE ITEM document in the public rate filing.
 - 1.1 Use the Rate Schedule Item document (Provided on the WA OIC's website).
 - 1.2 Enter information corresponding to the fully negotiated form filing on lines 3a and 3b of the Rate Schedule Item.
 2. Provide one rate schedule in the public filing,
 3. Provide one completed Filing Summary under WAC 284-43-6540 for all groups rated together.
 - 3.1 Use the Format - Rates - WAC 284-43-6540 Summary Duplicate document (Provided on the WA OIC's website).

II.C. Association Rate Filings for HCSCs, HMOs and Disability Issuers

II.C.1. Health Plans for Closed Pool Grandfathered Associations or Closed Pool Member-Governed Groups under WAC 284-43-0330 (3), (4) and (5).

- (a) Must include the wording "Grandfathered Association or Member-Governed Group Closed Pool Rate Filing–[Name of the Association]" in the Product Name field on the General Information tab.
- (b) Must file a single case closed pool large group rate filing which includes rates and rate filing information only for the closed pool enrollees.
- (c) On the Rate/Rule Schedule tab in SERFF, a public rate schedule.
- (d) For grandfathered plans subject to WAC 284-43-0330(3), provide a certification on the Supporting Documentation tab in SERFF as described in WAC 284-43-0330(3)(b).
- (e) On the Supporting Documentation tab in SERFF, for each grandfathered plan issued to an association or member-governed group, at a minimum, the following items must be provided:
 - (i) Plan Number;
 - (ii) Identification number assigned to each employer group, including employer groups of less than two;
 - (iii) Initial contract or certificate date;
 - (iv) Number of employees for each employer group, pursuant to RCW 48.43.005;

- (v) Number of enrolled employees for each employer group for the prior calendar year;
 - (vi) Current and proposed rate schedule for each employer group;
 - (vii) Description of the rate methodology and rate change for each employer group; and
 - (viii) The requirement under WAC 284-43-6540
- (f) If you request some rate filing information to be proprietary, you must file in compliance with Section II.A.4. For the public rate filing, at a minimum, you must include items in Section II.C.1(e)(i) through Section II.C.1(e)(vii).

II.C.2. Association or member-governed group to whom the health plan is issued constitutes a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974 under WAC 284-43-0330(1), and (2).

- (a) Must be a small group plan under Section I if the number of participants is fifty or less.
- (b) If the number of participants is more than fifty, must file a single case large group rate filing which includes rates and rate filing information only for this group.
- (c) Must include the wording "Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA–[Name of the Association]" in the Product Name field on the General Information tab.
- (d) Under the Supporting Documentation tab in SERFF, you must submit filing summary under WAC 284-43-6540 with the experience only for this large group. You must submit a separate public rate filing for all new or renewing association groups and for revisions of previous association rate filings; the rate filing must be complete and include a rate schedule.
- (e) Under the Supporting Documentation tab in SERFF:
 - (i) Must include a certification of the public rate filing from an officer of the company certifying that the group health insurance coverage in connection with this large group health plan meets the requirements of Health Insurance Portability and Accountability Act (HIPAA) (29 CFR Chapter XXV, Section 2590.702) which prohibits discrimination against participants and beneficiaries based on a health status-related factor. The certification must include statements that the rules for the eligibility (including continued eligibility) of any individual to enroll under the terms of the large group health plan are not based on any of the following health status-related factors (prescribed in HIPAA) in relation to the individual or a dependent of the individual:
 1. Health status.
 2. Medical condition (including both physical and mental illnesses).
 3. Claims experience.
 4. Receipt of health care.

5. Medical history.
 6. Genetic information.
 7. Evidence of insurability (including conditions arising out of acts of domestic violence).
 8. Disability.
- (ii) Must submit one PDF document "Evidence as an Employer" of the public rate filing. The document must include, at a minimum, the following information:
1. A copy of the association bylaws;
 2. A copy of the trust agreement or other organizational document which shows the purpose of the association and who governs the association;
 3. A statement of the association's history;
 4. A copy of the occupational categories/ industry classifications comprising the employers in the association;
 5. An advisory opinion from the Federal Department of Labor demonstrating the group is qualified to purchase association coverage.
 6. In absence of a Federal Department of Labor opinion, an opinion from an attorney explaining how and why the association qualifies as a true employer under 29 U.S.C. § 1002(5) of the Employee Retirement Income Security Act (ERISA) of 1974
- (iii) Must submit one PDF document "Monthly Enrollment Report" to include the monthly enrollment from the most recent 12 month experience. You must file this document in the public rate filing. If this is a new association, you may indicate in the "Monthly Enrollment Report" the association is new and there is no enrollment to report.
- (f) If you request some rate filing information to be proprietary, you must file in compliance with Section II.A.4.

II.C.3. Dental Only or Vision Only Plans for Association or Member-Governed Groups

- (a) Under the General Information tab in SERFF:
- (i) The product name in SERFF must use the following naming conventions: "Association – [Group Name] – [[Public] or [Not-for-Public]]";
 1. See Section II.A.4 for information regarding filing not-for-public information.
 2. Product name must NOT include the phrase "Association or member-governed true employer group under 29 U.S.C. Section 1002(5) of ERISA";
 - (ii) In the Corresponding Filing Tracking Number field, list all tracking numbers for the corresponding filings (Form filing, public rate filing, and not-for-public rate filing if applicable).
- (b) Under the Rate/Rule Schedule tab in SERFF:

- (i) For each group, provide a completed RATE SCHEDULE ITEM document in the public rate filing.
 - 1. Use the Rate Schedule Item document (Provided on the WA OIC's website).
 - 2. Enter information for the corresponding form filing on lines 3a and 3b of the Rate Schedule Item.
- (ii) Provide a Rate Schedule as described in WAC 284-43-6520 (11) in the public filing.
- (iii) Provide a completed Filing Summary under WAC 284-43-6540 for all groups rated together.
 - 1. Use the Format - Rates - WAC 284-43-6540 Summary Duplicate document (Provided on the WA OIC's website).

II.C.4. For Disability Issuers: Association or Trust Out-of-State Group Health Plans.

- (a) Issuers must file a new submission. Previously approved form or rate filings cannot be re-opened to modify contents or to have it apply to new groups.
 - (i) Except for Product naming convention, you must file in compliance with either Section II.C.1 or Section II.C.2.
- (b) Must disclose in the Filing Description field this is an Out-of-State Group Filing and use the prescribed Product Name convention in Section II.C.1(a) or Section II.C.2(c) with additional words "out-of-state group" at the end of product name. An out-of-state group filing is a filing of a group policy issued to a policyholder outside the state of Washington that provides coverage to residents of Washington.

II.D. For Disability Issuers: Out-of-State Groups Other than Health Plans: Dental only and Vision only plans [WAC 284-30-600]

- (a) Issuers must file a new submission. Previously approved form or rate filings cannot be re-opened to modify contents or to have it apply to new groups.
- (b) Must file in compliance with Section II.A: General Requirements for Rate Filings.
- (c) On the General Information tab:
 - (i) The product name in SERFF must use the following naming conventions: "Out of State Group – [Group Name] – [[Public] or [Not-for-Public]]".
 - 1. See Section II.A.4 for information regarding filing not-for-public information.
 - (ii) Must disclose in the Filing Description field this is an Out-of-State Group Filing and follow the prescribed Product Name convention.
 - (iii) In the Corresponding Filing Tracking Number field, list all tracking numbers for the corresponding filings.
- (d) On the Rate/Rule tab:

- (i) Provide a completed RATE SCHEDULE ITEM document in the public filing.
 - 1. Use the Rate Schedule Item document (Provided on the WA OIC's website).
 - 2. Enter information corresponding to the form filing that contains the certificate of coverage, on lines 3a and 3b of the Rate Schedule Item.
- (ii) Provide a Rate Schedule as described in WAC 284-43-6520(11) in the public filing.
- (iii) Provide one completed Filing Summary under WAC 284-43-6540.
 - 1. Use the Format - Rates - WAC 284-43-6540 Summary Duplicate document (Provided on the WA OIC's website).

II.E. For Disability Issuers: Filing for Discretionary Group under RCW 48.21.010(2) for Dental Only or Vision only coverage.

- (a) Issuers must file a new submission rate filing with a concurrent new form filing for each discretionary group, regardless whether the group is an out-of-state group or not. Previously approved form or rate filings cannot be re-opened to modify contents.
- (b) Must file in compliance with Section II.A: General Requirements for Rate Filings.
- (c) The product name in SERFF must use the following naming conventions "Discretionary Group – [Group Name] – [[Public] or [Not-for-Public]]".
 - (i) See Section II.A.4 for information regarding filing not-for-public information.
- (d) Must disclose in the Filing Description field that you are filing for a discretionary group under the requirements of RCW 48.21.010(2).

II.F. Taft-Hartley Plans

- (a) You must state the filing is for a Taft-Hartley plan on the General Information tab in SERFF. The rate filing must be a single case rate filing.

III. Your filing is incomplete and will be rejected if:

III.A. Your filing does not comply with chapters 284-44A, 284-46A, or 284-58 WAC.

III.B. You are filing an individual health plan rate filing and your filing has an implementation date less than 60 days from the submitted date.

III.C. For individual or small group health plan rate filings, you do not attach Parts I, II, and III as required under Section I.

III.D. For individual, small group, or stand-alone dental rate filings, you do not follow the specific filing instructions related to the Filing Description of the General Information Tab under Section I.

III.E. Your Single Case Rate Filing does not include a completed Rate Schedule Item ED.5 document [See Section II.B].

III.F. We cannot download your filing into our back office system. There are a number of reasons why we cannot download filings into our back office system. The most common reasons include:

III.F.1. Attachments are not formatted using a Distiller in PDF format.

III.F.2. An incorrect CoCode number is entered in the Filing Company Information, under the Companies and Contact tab. This CoCode number is the same number as your company's 5-digit NAIC number.

III.F.3. Health Care Service Contractors and Health Maintenance Organizations do not populate the company tracking number field.

III.F.4. You include an incorrect or incomplete Type of Insurance (TOI) or Sub-TOI as listed on the NAIC Uniform Life, Accident & Health, Annuity and Credit Product Coding Matrix.

III.G. Content is not machine readable.

III.H. Rejected Filings will not be Re-Opened

III.H.1. If the OIC Technical Support Unit rejects your filing, you must submit a new filing following the procedures in our Rejection Notice and General Instructions.

IV. SERFF Objection Letter Response Requirements for Rate Filings

IV.A. Unless instructed otherwise, all attachments to responses must be in PDF format.

IV.B. When responding to an objection letter, you must use SERFF's Amend Filing function.

IV.C. You must answer each objection individually.

IV.D. Never use a General Update to change a filing after it has been reviewed by an OIC analyst.

IV.E. Rates accepted for review generally cannot be changed, other than changes required to be made in response to objections.

IV.E.1. To request to make a change to a rate filing after it has been accepted for review:

- (a) You must send a Note to Reviewer requesting to replace, modify, add, or withdraw the rate filing after it has been accepted for review. The Note to Reviewer must be sent in the filing you are requesting to change.
- (b) Your analyst will notify you in a Note to Filer whether your request is accepted or denied.
- (c) If your request is denied, you may not modify the filing. You may request the filing be withdrawn.
- (d) If your request is accepted, you may update your filing as directed in the Note to Filer.

IV.F. Do not use “Note to Reviewer” to submit an objection response.

IV.G. Responses should be submitted in a timely manner.

V. After a Final Disposition by OIC Analyst

V.A. After final disposition by an OIC Analyst you may not change or correct the filing. You must make a new filing in SERFF.

VI. Appendix A: Large Group Rate and Form Filing Flowchart (see separate document)

For questions related to SERFF filing procedures, contact:

Rates & Forms Help Desk

(360) 725-7111

rfhelpdesk@oic.wa.gov