

California New Product Rate Filing Form
For Individual and Small Group Health Insurance
New Product Rates

(do not use this form for initial filings for existing product rates)

The rate filing submission for new product rates should include:

- 1) This form
- 2) A spreadsheet with rate information responsive to Question 7 below.
- 3) A benefit grid describing the benefits of the new product.
- 4) A spreadsheet with rate information for the plan’s existing product with the closest benefit structure.
- 5) A benefit grid describing the benefits of the plan’s existing product with the closest benefit structure.
- 6) A description of how the new product rates were developed.
- 7) An actuarial certification.

1) Company Name:

2) Number of plan contract forms covered by the filing:

3) Plan contract form numbers covered by the filing:

List all of the plan contract form numbers covered by this filing, and all product names associated with each plan contract form number, in the spreadsheet submitted in response to Question 7.

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

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

5) Segment type. One of the following:

| | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Small Group (2-100 employee) |
| <input type="checkbox"/> | Individual |

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

6) Plan type. One of the following: for-profit company, not-for-profit company

| | |
|--------------------------|------------------------|
| <input type="checkbox"/> | For-profit company |
| <input type="checkbox"/> | Not-for-profit company |

7) Annual Rate

In a separate spreadsheet, for each product included in the filing, show the proposed annual premium rates for each rating cell.

8) Review category: One of the following:

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | Initial Filing for New Product |
| <input type="checkbox"/> | Resubmission |

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

9) Submit the required actuarial certification, under the "Supporting Documentation" tab in SERFF.

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | Submitted |
|--------------------------|-----------|

10) Comments. Place any needed comments here.