

Student Health Plans Filing Requirements

All required items are noted with a check mark (✓) and/or with specific notes/ guidance applicable to individual items. Items are separated by location in the filing or binder, which is identified under the bold, italicized headings. If not required, item is marked N/A.

Item No.	Standard Requirements	NEW FILING <i>(No rates or forms previously approved/ filed) - Initial filing of forms and rates and contracted business within the same year entering market</i>	PREVIOUSLY APPROVED FILING <i>(whether or not there is any existing business)</i>
SERFF FORM/ RATE FILING			
1	Correct TOI/ Sub-TOI used	TOI: H22 Student Health Insurance Sub-TOI: H22.000 Student Health Insurance	TOI: H22 Student Health Insurance Sub-TOI: H22.000 Student Health Insurance
2	Filing Fees	Required on a retaliatory basis	Required on a retaliatory basis
3	Forms and Rates - filed together	SHP issuers should submit a form/rate filing (as opposed to separate filings)	If no changes are being made to previously filed forms, only a rate filing is necessary. Provide the SC and/or SERFF tracking number of previously filed forms
4	Forms and Rates - Review Standard	Forms - Exempt from Prior Approval Rates - Prior Approval	Forms - Exempt from Prior Approval Rates - Prior Approval
GENERAL INFORMATION TAB			
5	PPACA	Non-Grandfathered Immediate Market Reforms	Non-Grandfathered Immediate Market Reforms
6	Exchange Intentions	No	No
7	Implementation Date Requested	On Approval (or realistic date)	On Approval (or realistic date)
8	Requested Filing Mode	Review & Approval	Review & Approval
9	Filing Description	Utilize this field to replace the cover letter.	Utilize this field to replace the cover letter.
FORM SCHEDULE TAB - (Policy Forms)			
<i>Note: Not all forms may be applicable to all issuers. Issuers are permitted to utilize previously filed forms if they are compliant with all applicable state and federal requirements. If an issuer is utilizing previously filed forms, this should be noted in the filing description along with the form number and the associated SERFF tracking number. The forms for Student Health Plans are exempt from prior approval.</i>			
10	Master Policy/ Certificate	Variable policy form	Provide the SC and/ or SERFF tracking number
11	Application	✓	Provide the SC and/ or SERFF tracking number
12	Master Application/ Enrollment Form	✓	Provide the SC and/ or SERFF tracking number
13	Riders/ Endorsements	✓	Provide the SC and/ or SERFF tracking number
14	Variable Schedule of Benefits <i>(Boiler Plate Form)</i>	✓	Provide the SC and/ or SERFF tracking number
RATE/ RULE SCHEDULE TAB - (Rates)			
<i>Under S.C. law, blanket coverage is subject to Article 3 of Chapter 71 (the individual market requirements); thus, the rates are subject to prior approval by the S.C. Department of Insurance. See S.C. Code §38 71-1020 and S.C. Code §38 71-310.</i>			
15	Filing Method	Prior Approval	Prior Approval
16	Filing Method of Last Filing	Prior Approval	Prior Approval
17	Rate Manual	✓	✓
SUPPORTING DOCUMENTATION TAB - (Supporting Documents)			
18	Actuarial Memorandum and Certification	<ul style="list-style-type: none"> • We would like to see examples of rate development using the formulas in the rate manual for new business and renewal business in Excel format for our review. • We will need to see documentation of all assumptions incorporated in the pricing of the product, including the justifications for these assumptions in enough detail to verify their appropriateness. Some examples of assumptions include expenses, trend, and distribution of business. • The issuer must confirm that any negotiated rates and benefits for a particular school or university are not final until reviewed and approved by the Department. (This may require the issuer to create a separate filing or filings detailing each health plan negotiated.) Note: As a part of an issuer's negotiations with institutions of higher learning, please keep in mind that you will need to provide this agency with sufficient time to review and approve a negotiated student health plan in advance of its effective date. 	<ul style="list-style-type: none"> • For products with no change to a previously approved rate manual, a certification is required stating: <ul style="list-style-type: none"> > Issuer has previously filed a rate manual and this filing is in compliance with the previously approved rating methodology, and > Issuer confirms that any negotiated rates and benefits for a particular school or university are not final until reviewed and approved by the Department. (This may require the issuer to create a separate filing or filings detailing each health plan negotiated.) Note: As a part of an issuer's negotiations with institutions of higher learning, please keep in mind that you will need to provide this agency with sufficient time to review and approve a negotiated student health plan in advance of its effective date. • For all other situations, the issuer must provide all information required for New Filings.

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SUPPORTING DOCUMENTATION TAB - (Supporting Documents), con't			
19	Consolidated ACA Certifications	Note: The issuer may strike through any items that are not applicable.	Note: The issuer may strike through any items that are not applicable.
20	Third Party Authorization (bypass if n/a)	✓	✓
21	Marked Up (Redlined) Version of Any Previously Approved Form(s) and/or Any Updated Versions Submitted During Filing Review Process	If the issuer is filing revisions to previously approved forms, then a redlined version should be included comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form. If any changes are made to a proposed form during the review process, a redlined version comparing the updated version to the previously submitted version should be provided so that the Department may more readily identify the changes.	n/a
22	Statement of Variability	This should demonstrate the range of possible values that could be in any bracketed material in any variable forms filed under the Forms tab and/or any updated variability that may be required for continued use of any previously approved forms.	If there are no changes to the previously filed form - provide SC and/or SERFF tracking number and confirm that no changes have been made. If changes have been made - provide explanation with revised Statement of Variability.
23	Example of Completed SBC	This item should be filed with initial filing. A sample SBC must be completed for one of the plans included in the filing to demonstrate compliance with the federal requirement. The latest version should be used (2021 SBC Template).	Each filing must include a sample SBC that is completed for one of the plans included in the filing in order to demonstrate compliance with this federal requirement. The latest version should be used (2021 SBC Template).

Notes on Filing Items:

- **Item 3 (Forms and Rates - filed together - Previously Approved Filing)** - If no changes are being made to previously filed forms, only a rate filing is necessary. Provide the SC and/or SERFF tracking number of previously filed forms. It should also be noted in the filing that no changes are being made to the previously filed forms.
- **Item 10, 11 & 12 (Certificate, Application, Master Application/ Enrollment Form)** - SECTION 38 71 1030. Individual applications and certificates not required. - An individual application is not required from an individual covered under a blanket accident and health policy or contract, nor is it necessary for the insurer to furnish each individual a certificate.
- **Item 19 (Consolidated ACA Certifications)** - A Consolidated Certification of Requirement Statement is required to be submitted. The Issuer should mark through the items that do not apply to the filing.

General Notes:

- Exempt from prior approval means that forms must be filed with the Department via SERFF and filing must be closed prior to the issuer using the forms. Also, annually thereafter, the issuer must provide the SCDOI with a complete listing of exempt form(s) that are in use. See SCDOI Bulletin 2003-13.
- Under S.C. law, all blanket accident and health insurance policies are subject to the provisions of Articles 1 and 3 of Chapter 71 (the individual market requirements); thus, the rates are subject to prior approval by the S.C. Department of Insurance.
- Please refrain from labeling/item naming items as "final" and from re-submitting items that do no change in response to objections, etc. We encourage carriers to utilize a naming convention such as "Item Date v1" so, for example, "Actuarial Memorandum 06.04.2019 v1" to reduce confusion and speed up the review process.
- Not all of the items listed under the Policy Forms (Form Schedule Tab) heading may be applicable to all issuers. Issuers are permitted to utilize previously approved forms if they are compliant with all applicable state and federal requirements. If an issuer is utilizing any previously approved forms, the SCDOI asks that the issuer upload copies of the final versions of the forms (as previously approved) to the Supporting Documents tab and include the SC state and/ or SERFF tracking number of the filing(s) that include the previously filed forms and not that there are no changes being made to the previously filed forms. This will serve to speed up the review process.
- In advance of any filing, the issuer should review their last Form/Rate filing(s) and address any objections/ requests for additional information in said filings as a part of their submission. Note: this does not mean that you should simply attach copies of prior objection responses; you should incorporate the information/ support requested previously in the appropriate document(s) in order to reduce the number of objections and, thus, expedite the review process.
- Note: Issuers may elect to upload a separate, user-added document with a redacted version of the Actuarial Memorandum to protect information that is trade secret or otherwise exempt from FOIA. The Department will set the unredacted version(s) for public access if a redacted version(s) is not uploaded. The redacted contents must include information that meets the exemptions in FOIA; if the issuer fails to properly redact only FOIA-exempt items, the unredacted version will be set for public access. Note: a redacted version must be uploaded as a separate, user-added document in order to correctly set public access.

Other:

- SECTION 38 71 1020. Requirements as to policies. - All blanket accident and health insurance policies are subject to the provisions of Articles 1 and 3 of this chapter. However, no policy is required to contain any of the required policy provisions set forth in Section 38 71 340. However, no policy may contain any provision relative to notice of claim, proofs of loss or time of payment of claims, or the time within which suit may be brought upon the policy which, in the opinion of the director or his designee, is less favorable to the insured than would be permitted by the required policy provisions.
- SECTION 38 71 1030. Individual applications and certificates not required. - An individual application is not required from an individual covered under a blanket accident and health policy or contract, nor is it necessary for the insurer to furnish each individual a certificate.

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