2025 Filing Requirements (for 2026 Plans)

		Exchange–Certified SADPs _If the issuer is seeking QHP Certification in Market Segment_	
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_	**Individual**	**Small Group**
SERFF FORM/ RATE FILING:			
1	Correct TOI/Sub-TOI	TOI: H10I Individual Health – Dental; Sub-TOI: H10I.001 Health – Pediatric Dental	TOI: H10G Group Health – Dental; Sub-TOI: H10G.001 Health – Pediatric Dental
2	Filing Fees	Required on a retaliatory basis	
3	Forms and Rates – filed together	Issuers should submit a single form/rate filing for all 2026 SADPs in a market segment.	
GENERAL INFORMATION TAB			
4	PPACA	Non-Grandfathered Immediate Market Reforms	
5	Exchange Intentions	Yes – in the text box provided, indicate if any plans seeking QHP certification are strictly off Exchange	
6	Implementation Date Requested	1/1/2026	
7	Requested Filing Mode	Review & Approval	
8	Market Type	Individual	Market Type: Group Group Market Size: Small
9	Filing Description	Utilize this field to replace the cover letter.	
FORM SCHEDULE TAB			
		Note: Not all forms 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 previously approved forms, this should be noted in the filing description along with the form number and the associated SERFF tracking number.	
10	Policy Form	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	
11	Master Policy AND Certificate	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).
12	Application	√	n/a
13	Master Application AND Enrollment Form	n/a	√
14	Riders/ Endorsements	√	
15	Variable Schedule of Benefits _(Boiler Plate Form)_	√	
16	Outline of Coverage	√	n/a
RATE/ RULE SCHEDULE TAB			
17	Filing Method	Prior Approval	
18	Filing Method of Last Filing	Prior Approval	
19	Rates Table Template	MUST be submitted as an Excel file + as a PDF file. If the Excel file is too large for the filing, the issuer should submit it as multiple attachments in the filing and also submit the complete Excel file in the associated binder in SERFF Plan Management.	
SUPPORTING DOCUMENTATION TAB			
20	Actuarial Memorandum	√	
21	Part II - Consumer Justification Narrative	Required for ALL rate increases. This summary will be set for public access to provide consumers with non-technical information regarding the rate increase.	
22	High Level Summary Document **Updated for PY 2026**	This document should be completed based upon the number of standard plans the issuer is seeking to offer in 2026. It should include the number of HIOS Plan IDs at the standard component level, without consideration of the number of variants (i.e., the –00 and –01 suffix).	
23	Consolidated ACA Certifications	√ Note: The issuer may strike through any items that are not applicable.	
24	Third Party Authorization (bypass if n/a)	√	
25	Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification	√	
26	Stand-Alone Dental Plans—Description of EHB Allocation	√	
27	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 you should include a redlined version 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.	
28	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.	

		Exchange-Certified SADPs	
		If the issuer is seeking QHP Certification in Market Segment	
Item No.	*Standard Requirements*	**Individual**	**Small Group**
SERFF PLAN MANAGEMENT BINDER:			
A	Correct Plan Year, Market Type and Binder Type	Plan Year: 2026 Market Type: Individual Binder Type: Dental Only	Plan Year: 2026 Market Type: Small Group Binder Type: Dental Only
B	Associated Schedule Items	The associated schedule items should link to the associated Form/Rate filing for 2026 Plans. If using previously approved forms, the schedule items should link to the applicable prior filing that includes those documents.	
SERFF PLAN MANAGEMENT (TEMPLATES TAB)			
C	Essential Community Providers (ECP)/Network Adequacy Template	√ The SADP ECP Template is only applicable to On Exchange Plans.	
D	Plan and Benefits Template	√	
E	Network ID Template	√	
F	Service Area Template	√ Note: SC does not accept partial county service areas.	
G	Business Rules Template	√ The Business Rules Template is only applicable to On Exchange Plans.	
H	Transparency In Coverage Template	√ If a QHP is available both on and off the Exchange, issuers are required to report claims data <u>only for the on-Exchange enrollees.</u>	n/a
SERFF PLAN MANAGEMENT (SUPPORTING DOCUMENTATION TAB)			
I	Data Integrity -- Data Integrity Tool Output Report	√ *Required for both On and Off Exchange*	
J	Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification	√	
K	Essential Community Providers (ECP) -- Stand-alone Dental Plan (SADP) ECP Tool Output Report + Supporting Documentation/ Justification	√ The SADP ECP Tool is only applicable to On Exchange Plans.	
L	Plan Crosswalk -- Plan Crosswalk Validation Tool Output Report + Plan ID Crosswalk Template	√ The template and tool are only required for On Exchange Plans. *(n/a for first-time QHP issuers)*	n/a
M	Interoperability & Program Attestations	√	n/a

See Notes on Filing Items on Next Page

Notes on Filing Items:

- **Item 9 – (Filing Description/Cover Letter)** – Filing Descriptions must contain the following information, even if a Cover Letter is attached to the Supporting Documentation tab: (1) Please indicate whether the issuer is seeking QHP certification to sell some or all of the dental products/ plans included in the filing on the Marketplace. (2) If an issuer is utilizing the Federal Marketplace application/ enrollment materials only, that should be noted in the Filing Description. (3) Indicate if the forms are new or revised. (4) If you plan to continue to utilize and/or amend any previously approved forms, include the form name along with the state tracking number for the filing in which it was approved. (5) If you plan to continue to utilize any previously approved forms, indicate whether any changes to the variability are being sought in this filing and, if so, include an updated Statement of Variability under the Supporting Documentation tab.
- **Item 22 (High Level Summary)** – The Department has published a new High-Level Summary on its website ([Click here](#)). Please utilize the latest version and submit it in Excel format in the Form/Rate filing.
- **Item 28 (Statement of Variability)** – A Statement of Variability should be provided for each variable form that is uploaded to the Forms tab, including the Variable Schedule of Benefits Boiler Plate Form.

Notes on Binder Items:

- **Item M – (Interoperability and Program Attestation: Compliance with Health Data and Plan Information Interoperability Requirements)** – Include a copy of the completed forms submitted in the Federal System.
- Issuers bypassing a submission requirement must note the reason for the bypass in the comments field in order to avoid additional objections.
- Issuers should take note of the Plan Management general instructions and the instructions listed under each item in the Supporting Documentation Tab when preparing their submissions.
- Once the binder is submitted, a Note to Reviewer should be submitted in the corresponding Form/Rate filing with SERFF Binder Number and date submitted. If validation is not completed by the target date listed, the carrier should advise the DOI when validation will be completed and reason for delay. This should be done as a Note to Reviewer in Form/Rate filing.
- Additional items may be required in response to state and/or federal reviews.

General Notes:

- 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 Documentation tab and include the SC state and/ or SERFF tracking number of the filing(s) that include the previously approved 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.

- Please refrain from labeling/ naming items as "final" and from re-submitting items that do not change in response to objections, etc. We encourage carriers to utilize a naming convention such as "Item Date v1" so, for example, "High Level Summary 05.09.2024 v1" to reduce confusion and speed up the review process.
- When replacing a previously submitted document/ file, issuers should grey out the prior version and replace it with the most updated version in the same location as the prior document. This is the standard process for items under the Form Schedule tab and Rate/Rule Schedule tab, but should also be utilized for any documentation under the Supporting Documentation tab. There should not be multiple groups of attachments with the same or similar names; instead, the issuer should grey out old Documentation and replace them as necessary.

SADP Instructions for companies not submitting new forms/ rates:
(for issuers using previously approved forms/ rates)

If a SADP issuer intends to utilize previously approved forms and rates, it may not be necessary to submit a Form/ Rate filing. Instead, the issuer may submit a Binder via SERFF Plan Management that includes the applicable items labeled as A through M in the filing requirements chart and include the following:

- Include a Note to Reviewer or Cover Letter advising that the issuer intends to utilize previously approved forms and rates and will not be submitting a Form/ Rate filing. If the issuer intends to utilize previously approved forms and revise the rates, a Rate filing should be submitted.
- Provide the SC state and/ or SERFF tracking number of the filing(s) that includes the previously approved forms and/or rates.
- Confirm that there are no changes to the previously approved forms, no changes to the previously approved plans, and no changes to the previously approved rates.
- Attach the following items that would otherwise be submitted in the Form/Rate filing under the binder's Supporting Documentation Tab:
    - Item 19 – Rates Table Template
    - Item 22 – High Level Summary
    - Item 23 – Consolidated ACA Certifications
    - Item 25 – Stand-Alone Dental Plan Actuarial Value Supporting Documentation and Justification
    - Item 26 – Stand-Alone Dental Plans—Description of EHB Allocation
    - Item 28 – Statement of Variability – Updated variability may be required for continued use of previously approved forms.

To Access 2025 (PY2026) Filing Requirements for Major Medical Issuers, Click Here.

Questions?
Email lahmail@doi.sc.gov or contact Glynda Daniels at (803) 737-3157 or gdaniels@doi.sc.gov