2025 Filing Requirements (for 2026 Plans)

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.		Major Medical			
		On Exchange/On and Off Exchange *If the issuer is seeking QHP Certification in Market Segment*		**Off Exchange** *If all plans are outside of Exchange in Market Segment*	
Item No.	***Standard Requirements***	**Individual**	**Small Group**	**Individual**	**Small Group**
SERFF FORM/ RATE FILING					
1	Correct TOI/Sub-TOI	TOI: H16I Individual Health - Major Medical or HOrg02I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type	TOI: H16G Group Health - Major Medical or HOrg02G Group Health Organizations- Health Maintenance (HMO); Sub-TOI should be based upon the product type, but should be a Sub-TOI that is "Small Group Only"	TOI: H16I Individual Health- Major Medical or HOrg02I Individual Health Organizations - Health Maintenance (HMO); Sub-TOI should be based on product type	TOI: H16G Group Health - Major Medical or HOrg02G Group Health Organizations - Health Maintenance (HMO); Sub-TOI should be based upon the product type, but should be a Sub-TOI that is "Small Group Only"
2	Filing Fees	Required on a retaliatory basis		Required on a retaliatory basis	
3	Forms and Rates - filed together	Issuers should submit a single form/rate filing for all 2026 plans/ products in a market segment (QHPs and non-QHPs should be submitted together).		Issuers should submit a single form/rate filing for all 2026 plans/ products in a market segment.	
4	Forms and Rates - Review Standard	Forms - Prior Approval		Forms - Prior Approval	
5	Plan Marketing Name	Plan marketing names shall be limited to the name of the plan, metal level, and the deductible amount. For silver plans, the cost sharing level may be included. No benefit information will be allowed in the marketing name.		Plan marketing names shall be limited to the name of the plan, metal level, and the deductible amount. For silver plans, the cost sharing level may be included. No benefit information will be allowed in the marketing name.	
GENERAL INFORMATION TAB					
6	PPACA	Non-Grandfathered Immediate Market Reforms		Non-Grandfathered Immediate Market Reforms	
7	Exchange Intentions	Yes - in the text box provided, indicate if the filing includes any non-QHPs (i.e., plans that are strictly off Exchange)		No	
8	Implementation Date Requested	1/1/2026		1/1/2026	
9	Requested Filing Mode	Review & Approval		Review & Approval	
10	Market Type	Individual	Market Type: Group Group Market Size: Small	Individual	Market Type: Group Group Market Size: Small
11	Filing Description	Utilize this field to replace the cover letter. *See Notes for Item 11 for required items.*		Utilize this field to replace the cover letter. *See Notes for Item 11 for required items.*	
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/cover letter along with the form number and the associated SERFF tracking number.					
12	Policy Form	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).		One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	
13	Master Policy and Certificate	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).	n/a	One variable policy form should be submitted per product type (e.g., EPO, PPO, etc.).
14	Application	√	n/a	√	n/a
15	Master Application/ Enrollment Form	n/a	√	n/a	√
16	Riders/Endorsements/ Amendments	√		√	
17	Variable Schedule of Benefits *(Boiler Plate Form)*	√		√	
18	Outline of Coverage	√	n/a	√	n/a
RATE/ RULE SCHEDULE TAB					
19	Filing Method	Prior Approval		Prior Approval	
20	Filing Method of Last Filing	Prior Approval		Prior Approval	
21	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.		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.	
URRT TAB					
22	Part I URRT	√		√	
23	Part III Actuarial Memorandum and Certification	This should be the complete Actuarial Memorandum without redaction. Note: An issuer that utilizes a separate, state-required Actuarial Memorandum should also include this as a second attachment under this field. *See Notes for Item 23 for information on CSR & COVID-19 adjustments.*		This should be the complete Actuarial Memorandum without redaction. Note: An issuer that utilizes a separate, state-required Actuarial Memorandum should also include this as a second attachment under this field. *See Notes for Item 23 for information on COVID-19 adjustments.*	

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.		Major Medical			
		On Exchange/On and Off Exchange *If the issuer is seeking QHP Certification in Market Segment*		Off Exchange *If all plans are outside of Exchange in Market Segment*	
Item No.	***Standard Requirements***	**Individual**	**Small Group**	**Individual**	**Small Group**
24	Redacted Actuarial Memorandum	If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. The redacted AM (or the complete copy, if no redacted version is uploaded) will be set for public access when all filings are made public. ***Note: To avoid submitting multiple copies, please wait to add this item until you near the conclusion of the review process and only after all objections have been satisfied. The version attached should match the final version of the Redacted AM uploaded in the URR system.***		If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. The redacted AM (or the complete copy, if no redacted version is uploaded) will be set for public access when all filings are made public. ***Note: To avoid submitting multiple copies, please wait to add this item until you near the conclusion of the review process and only after all objections have been satisfied. The version attached should match the final version of the Redacted AM uploaded in the URR system.***	
25	Part II - Consumer Justification Narrative	Required for ALL rate increases, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation. This summary will be set for public access to provide consumers with non-technical information regarding the rate increase.		Required for ALL rate increases, regardless of whether the rate action meets the "subject to review" threshold in the Rate Review Regulation. This summary will be set for public access to provide consumers with non-technical information regarding the rate increase.	
SUPPORTING DOCUMENTATION TAB					
26	Actuarial Memorandum Dataset Supplement ****Updated for PY 2026****	The issuer must complete the Actuarial Memorandum Dataset Supplement and submit it in Excel (not PDF) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input.		The issuer must complete the Actuarial Memorandum Dataset Supplement and submit it in Excel (not PDF) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input.	
27	AV Certification by Actuary	The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification.		The issuer must include an AV Certification by a credentialed actuary. This should be included in the Part III Actuarial Memorandum and Certification.	
28	Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)	The issuer should complete the Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and attach a copy under the Supporting Documentation Tab. ***The latest version (released in 2020) should be used.*** ***See link in Notes below.***		The issuer should complete the Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and attach a copy under the Supporting Documentation Tab. ***The latest version (released in 2020) should be used.*** ***See link in Notes below.***	
29	High Level Summary Document ****Updated for PY 2026****	This document should be completed based upon the number of 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 through -06 suffix).		This document should be completed based upon the number of 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 through -06 suffix).	
30	Consolidated ACA Certifications	√		√ ***Note: The issuer may strike through any items that are not applicable.***	
31	Third Party Authorization *(bypass if n/a)*	√		√	
32	AV Calculator Screenshots	QHPs: 1 screenshot/ plan + 1 screenshot/ each Silver Plan CSR Variation & Non-QHPs: 1 screenshot/ plan ***Each screenshot should be clearly labeled with the HIOS Plan ID & Plan Marketing Name***		One screenshot/ plan ***Each screenshot should be clearly labeled with the HIOS Plan ID and Plan Marketing Name***	
33	Sample Schedules of Benefits ****Updated for PY 2026****	QHPs: 1 completed SOB/ metal level + 1 completed SOB/ Silver Plan CSR Variation & Non-QHPs: 1 completed SOB/ metal level ***SOB's should be for the plan with the largest enrollment per metal level***		1 completed SOB/ metal level ***SOB's should be for the plan with the largest enrollment per metal level***	
34	Unique Plan Design Supporting Documentation and Justification	If applicable, this document describes the reasons a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.		If applicable, this document describes the reasons a plan qualifies as unique (e.g., not compatible with the standard Actuarial Value Calculator) and the methods used to calculate actuarial value.	
35	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, a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form should be provided. 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.		If the issuer is filing revisions to previously approved forms, a redlined version comparing the proposed form (as uploaded under the Forms Tab) to the previously approved form should be provided. 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.	
36	Statement(s) 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.		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.	
37	Example of Completed SBC	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).		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).	

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.		Major Medical			
		On Exchange/On and Off Exchange *If the issuer is seeking QHP Certification in Market Segment*		Off Exchange *If all plans are outside of Exchange in Market Segment*	
Item No.	***Standard Requirements***	**Individual**	**Small Group**	**Individual**	**Small Group**
38	Network Adequacy (Access Plan and Annual Certification)	SC - An access plan must be filed with the initial filing and a certification by February 1st each year thereafter. See Bulletin 2013-04, Appendix C, Item 8 Provider Network Adequacy Guidelines, specifically #9 – #15. CMS - CMS will conduct reviews of the network adequacy - see Letter to Issuers dated January 15, 2025 - Chapter 2, Section 3.		SC - An access plan must be filed with the initial filing and a certification by February 1st each year thereafter. See Bulletin 2013-04, Appendix C, Item 8 Provider Network Adequacy Guidelines, specifically #9 – #15. CMS - CMS will conduct reviews of the network adequacy - see Letter to Issuers dated January 15, 2025 - Chapter 2, Section 3.	
39	2021 Consolidated Appropriations Act/No Surprises Act ****For New Carriers in PY 2026****	This attestation should be completed by new QHP issuers for PY2026 and submitted with the Form/Rate Filing. See Bulletin 2021-09		n/a	
SERFF PLAN MANAGEMENT BINDER					
A	Correct Plan Year, Market Type and Binder Type	Plan Year: 2026 Market Type: Individual Binder Type: Medical	Plan Year: 2026 Market Type: Small Group Binder Type: Medical	Plan Year: 2026 Market Type: Individual Binder Type: Medical	Plan Year: 2026 Market Type: Small Group Binder Type: Medical
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.		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.	
TEMPLATES TAB					
C	Essential Community Providers	√		n/a	
D	Plan and Benefits Template	√		√	
E	Prescription Drug Template	√		√	
F	Network ID Template	√		√	
G	Service Area Template	√ *Note: SC does not accept partial county service areas.*		√ *Note: SC does not accept partial county service areas.*	
H	Business Rules Template	√		n/a	
I	Transparency In Coverage Template	√ If a QHP is available both on and off the Exchange, issuers are required to report claims data only for the on-Exchange enrollees.		n/a	
SUPPORTING DOCUMENTATION TAB					
J	Data Integrity -- Data Integrity Tool Output Report	√		√	
K	Cost Sharing -- Cost Sharing Tool Output Report + Supporting Documentation/ Justification	√		√	
L	ECPs -- Essential Community Providers Tool Output Report + Supporting Documentation/ Justification	√		n/a	
M	Non-Discrimination -- Non-Discrimination Tool Output Report + Supporting Documentation/ Justification	√		n/a	
N	Category & Class Drug Count Tool -- Output Report + Supporting Documentation/ Justification	√		√	
O	Formulary Review Suite -- Formulary Review Suite Tool Output Report + Supporting Documentation/ Justification	√		√	
P	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	n/a	
Q	QHP Issuer Compliance Plan and Organizational Chart Interoperability Attestation and Justification Form	√ Required for On Exchange Plans Only *(first-time QHP issuers have extended implementation date)*	n/a	n/a	

See Notes on Filing Items on Next Page

Notes on Filing Items:

- **Item 5 – (Plan Marketing Name)** - Plan marketing names shall be limited to the name of the plan, metal level, and the deductible amount. For silver plans, the cost sharing level may be included. No benefit information will be allowed in the marketing name. (Example of allowable Marketing Name: Silver 6000 87 or Gold 2500)

- **Item 11 – (Filing Description/Cover Letter)** - Filing Descriptions must contain the following information, even if a Cover Letter is attached to the Supporting Documentation tab: (1) Indicate whether the issuer is seeking QHP certification to sell some or all the 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 an issuer plans 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 an issuer plans 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. (6) Indicate which plans, if any, are "Expanded Bronze" plans. If none of the plans are "Expanded Bronze" plans, please state that in the Filing Description. (7) Indicate which plans, if any, use a tiered network or a tiered pharmacy network. If a tiered network is not used, please state that in the Filing Description.

- **Item 22 – (Part I URRT) –**As in PY2025, issuers submitting plans under the TOIs/Sub-TOIs as noted in Item 1 are now able to comply with the requirement to submit the Unified Rate Review Template (URRT) to CMS by submitting the rate filing directly in SERFF. This functionality continues, such that a rate filing filed in SERFF is automatically uploaded to the Uniform Rate Review (URR) Module of HIOS and will be considered filed with CMS once submitted in SERFF.

- **Item 23 - (Part III Actuarial Memorandum and Certification) - Guidance on how cost of CSR subsidies should be applied (Silver Loading)**. Cost-sharing reduction subsidies (CSRs) are no longer funded by the federal government; however, CSR variant plans must still be offered to certain low-income members under the same enhanced AV requirements. To offset the cost of the CSR subsidies, a QHP issuer may include an adjustment to the On Exchange Silver plans. This adjustment may not be spread across all QHPs - only plans that offer cost-sharing reduction subsidies. QHP issuers must provide a separate analysis or documentation of the impact of the lack of CSR funding on these Silver plans in their Actuarial Memorandum or supporting documents. QHP issuers may develop "mirrored Off Exchange Silver Plans" that do not include this adjustment; however, such plans must include some variation in benefits in order to charge different (lower) premiums. As in PY2025, the Department is aware of issues surrounding the actuarial soundness and appropriateness of CSR loads. Because of that, the Department will be evaluating each carrier's approach to the enrollment and the utilization assumptions for the silver plans. Additional instructions were given by CMS on required information for PY 2026. The CMS bulletin can be found here. This information must be uploaded to the filing by July 15. Rates including CSR funding should only be included under the Supporting Documents Tab in the filing.

- **Item 23 - (Part III Actuarial Memorandum and Certification) - Guidance on reporting the impact of COVID-19 on rates**. All issuers must include a separate analysis or documentation in the Actuarial Memorandum or supporting documents that outlines all support and adjustments made as a result of COVID-19; including an analysis of all assumptions and internal and external data sources relied upon for the development of these adjustments.

- **Item 24 - (Redacted Actuarial Memorandum)** - If the issuer has elected to redact any information that is exempt from disclosure, a redacted copy should be submitted as a user-added supporting document. Do NOT include the Redacted Actuarial Memorandum with the other documents as SERFF does not support selection of a single file within a grouping of files for setting public access. If the redacted version is not submitted in a separate item group, then SCDOI must set public access for all versions. Note: CMS intends to post information on proposed rate filings for consumers to review on

August 1, 2025 at https://ratereview.healthcare.gov. CMS Instructions for the Redacted Actuarial Memorandum are available online (click here).

- **Item 26 - (Actuarial Memorandum Dataset Supplement)** - ****Updated for PY2026**** The issuer must complete the Actuarial Memorandum Dataset Supplement - Plan Year 2026 and submit it in Excel (**not PDF**) with the filing. Enter data for all blue shaded cells consistent with the issuer's Part III Actuarial Memorandum. This includes cells where the spreadsheet contains sample input. The Department has published this document on its website (click here). Please utilize the latest version (Revised 05/2025) and submit it in Excel format under the Supporting Documentation Tab in the Form/Rate filing. Please be advised that the dataset supplement was updated to include additional tabs. Make sure to fill it out completely.

- **Item 27 - (AV Certification by Actuary)** - The AV certification must be made by a credentialed actuary and must specifically reference that "the plan has been accurately entered into the AV Calculator and that the metal level assigned accurately reflects the results of the AV Calculator." See SCDOI Bulletin 2013-04 (Section III (D)(5) on p.7). This certification may be included in Part III Actuarial Memorandum and Certification or as a separate document.

- **Item 28 - (Self-Compliance Tool for the Mental Health Parity and Addiction Equity Act (MHPAEA)**- The issuer should complete the DOL/HHS/Treasury Self-Compliance Tool for the Mental Health Parity and Addition Equity Act (MHPAEA) and submit with the filing under the Supporting Documentation Tab. Issuers should use the comment boxes to provide an overview of how they are in compliance with each provision. Yes/No/N/A answers are not sufficient responses. The Department has posted this document on its website and can be found by clicking here or on the DOL's EBSA website by clicking here. Please note that the 2020 MHPAEA Self-Compliance Tool was last updated before the enactment of the Consolidated Appropriations Act, 2021 (CAA), and while it suggests using the tool as a best practice, it does not reflect that plans and issuers subject to MHPAEA are now required to perform and document their NQTL comparative analyses under the CAA. Plans and issuers that have carefully applied the guidance in the Self-Compliance Tool should be in a strong position to comply with the CAA's requirement to perform and document a comparative analysis with respect to the design and application of NQTLs. The comparative analysis does not have to be submitted in the filing; however, the carrier should be prepared to present it if requested.

- **Item 29 - (High Level Summary)** - The Department has published a new High Level Summary on its website (click here). Please utilize the latest version (Revised 04/2025) and submit it in Excel format in the Form/Rate filing.

- **Item 30 - (Consolidated ACA Certifications)** - The Consolidated ACA Certification is on the SCDOI website (click here). Please utilize the latest version (Revised 05/2022) and submit it in the Form/Rate filing.

- **Item 32 – (AV Calculator Screenshots)** – The final version of the AV Calculator for PY2026 should be used for all of the AV Calculator Screenshots. An AV Calculator Screenshot should be provided for each plan- including for each CSR variation of the plan (i.e. each Standard Component + Variant as listed on the Plans and Benefits Template). You must submit the AV Calculator Screenshot for each Silver Cost Sharing level- including the Zero Cost Sharing level. You can find the Final AV Calculator at https://www.cms.gov/files/document/revised-final-2026-av-calculator.xlsm

- **Item 33 (Sample Schedules of Benefits)** - ****Updated for PY 2026**** Sample SOBs should be submitted for each plan per metal level with the largest enrollment as of March 1, 2025. For example, if an issuer offers 3 Bronze, 5 Expanded Bronze, 4 Silver, and 3 Gold Plans, the filing should contain 1 SOB for the highest enrollment Bronze plan, 1 SOB for the highest enrollment Expanded Bronze Plan, 1 SOB for each cost sharing level of the highest enrollment Silver Plan (including no cost and limited) (6 total), and 1 SOB for the highest enrollment Gold plan. Issuers new to the market must submit the same sample SOBs as listed above but for the lowest cost plan per metal level.

- **Item 34 (Unique Plan Design Supporting Documentation and Justification)** - Include examples of each adjustment made to input into the AV Calculator that varies from the benefit amounts shown in the Schedules of Benefits. Documentation should be submitted in an actuarial report format as well as in Excel format and be clear enough so that an analyst reviewing the filing can replicate the work. This should also be outlined in detail in the Part III Actuarial Memorandum.

- **Item 36 - (Statement(s) of Variability)** - A Statement of Variability should be provided for each variable form that is uploaded to the Form Schedule tab, including the Variable Schedule of Benefits Boiler Plate Form. Any changes to variability for previously approved forms that are noted in the Filing Description also require a new Statement of Variability.

- **Item 39- (2021 Consolidated Appropriations Act/No Surprises Act)**- ***For new carriers**** - This attestation should be completed by new QHP issuers for PY 2026 and submitted with the Form/Rate Filing. See Bulletin 2021-09. Note that this attestation is due by ***February 1st*** for all issuers each year.

Notes On Binder Items:

- **Item C – (Essential Community Providers (ECP)/Network Adequacy Template)** As in PY2025, CMS will conduct reviews of the network adequacy standards for medical QHP and SADP certification for the 2026 plan year. Please refer to the 2026 Final Letter to Issuers Chapter 2, Section 4 which can be found at here.

- **Item Q - (Interoperability Attestation and Justification Form: Compliance with Health Data and Plan Information Interoperability Requirements)** - Include a copy of completed forms submitted to HIOS.

- 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 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, carrier should advise DOI when validation will be completed and reason for delay. Submit as a Note to Reviewer in Form/Rate filing.

- Additional items may be required in response to state and/or federal reviews.

General Notes:

- 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 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) to reduce the number of objections and, thus, expedite the review process. The company should attach a copy of all previous objections under the Supporting Documents Tab, provide responses to the objections, and advise where the information can be found in the current filing; if the reviewer is unable to locate the information in the filing, a similar or same objection may be sent.

- Please refrain from labeling/naming items as "final" and from re-submitting items that do not change in response to objections, filing updates, etc. We encourage carriers to utilize a naming convention such as "Item Date v1" to reduce confusion and speed up the review process. (i.e. "AV Screenshots 06.04.2025 *v1*")

- 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 documents 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 documents and replace them as necessary.

- Association filings must comply with SCDOI Bulletin 2011-11**.** Associations will be treated as they are marketed.

- Limits to the Number of Non-Standardized Plan Options - *****Updated for PY2026***** - As noted in the PY2026 Final Letter to Issuers, issuers are limited in the number of non-standardized plan options that may be offered on the exchange. Issuers may only offer up to two non-standardized options per product network type and metal level (excluding catastrophic plans), and inclusion of adult dental pediatric dental, and/or vision benefit coverage in any service area. Please see pages 10-12 of the PY2026 Final Letter to Issuers for specific examples of the breakdown of coverage options available to meet this requirement.

- Offer of Chiropractic Coverage - ****New for PY2026**** - To ensure that insurers offering coverage in South Carolina complying the offer of chiropractic coverage requirement as outlined in S.C. Code Ann. § 38-71-210, insurers may demonstrate compliance by doing either of the following:

    - Companies have the option to include chiropractic coverage on all policies, factoring in the cost of the coverage in the pricing as additional coverage that is not an EHB; or
    - Companies have the option to offer chiropractic coverage on at least one plan per metal level in the broadest service area, factoring in the cost of the coverage in the pricing as additional coverage that is not an EHB. In this way, consumers have the option of purchasing a policy with chiropractic coverage at each metal level or a policy without this coverage.

  Federal law prohibits riders or endorsements. See the definition of Product in 45 CFR § 144.103 and the fair health insurance premiums rules found at 45 CFR § 147.102. CMS has previously opined that stand alone policies are prohibited because they constitute a rider or endorsement.

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

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