**Maine Bureau of Insurance  
Rate Filing Review Requirements Checklist  
Small Group Health Plans including Qualified SADP Policies.**

**Subject to Title 24-A M.R.S.A. § 2808-B:**

**H15G.003, H16G.003A, H16G.003D, H16G.003G, HOrg02G.004E, H24G.003, H25G.003**

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| **S**  **E**  **C**  **T**  **I**  **O**  **N** | **REVIEW REQUIREMENTS** | **REFERENCE** | **DESCRIPTION OF REVIEW STANDARDS REQUIREMENT** | | | **SPECIFIC LOCATION OF COMPLIANCE IN FILING** |
| **A.** | **General Rate Filing Requirements:**  **Separate Filings:** | [Rule 940, § 5. A.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx)  [Rule 940, § 6. D.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx)  [Rule 940, § 5. B.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx)  Bulletin 474 | A rate filing must be submitted whenever a new policy, rider, or endorsement form that affects benefits is submitted for approval and whenever there is a change in the rates applicable to a previously approved form. The filing must be clearly identified as a small group rate filing.    Small group health plan rates must be filed separately from individual or large group rates. Quarterly rate changes must be submitted at least 105 days prior to the effective date of the rate change  The Superintendent may request additional information as necessary. | | |  |
| **B.** | **Electronic (SERFF) Filing Requirements:** | [Title 24-A § 2839](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2839.html)  [Title 24-A, § 2808-B, 2-B. A. & 2-C. A.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2839.html) | All filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See <http://www.serff.com>.  Small group rate filings are subject to approval by the Superintendent.  If a filing subject to [Title 24-A, § 2808-B, 2-B. A.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) is found to be in compliance with the applicable requirements, the SERFF record will show the rates as “Approved,” and the record will be closed. | | |  |
| **C.** | **Additional Rate Filing Requirements:** | [Rule 940, § 5. C.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | **Every rate submission must contain the following:** | | |  |
|  | **1. Carrier Information**: | [Rule 940, § 5. C.1.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | The name and address of the carrier, HOIS number, NAIC number and the name, title, email address, and direct phone number of the person responsible for the filing, must be provided in the SERFF “Filing Contact Information” section. | | |  |
|  | **2. Scope and Purpose of Filing:** | [Rule 940, § 5. C. 2.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Specify whether this is a new form and rate filing, a rate revision, or a justification of an existing rate. | | | *Location, page:* |
|  | **3. Description of Benefits:** | [Rule 940, § 5. C. 3.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | List all policy form numbers including HIOS Product Codes and Product Names. Indicate if open to new sales. Include a brief description of the benefits provided by each policy form and any attached riders or endorsements. Describe any changes in benefits from the prior filing. Provide information about which plans are actively sold and which service areas or counties they are available as necessary. Provide any additional premium impact for new mandated benefits. Provide a cross-walk with HIOS IDs to demonstrate individual and small group plans that correspond, | | | *Location, page:* |
|  | **4. Copays for PCP and Behavior Health Office Visits** | [24-A MRSA §4320-A](https://legislature.maine.gov/statutes/24-A/title24-Asec4320-A.html) | Each medical plan, except for HSA-compatible plans, must cover one primary care visit and one behavioral health visit without cost sharing (before the deductible). In addition, the second and third primary care and behavioral care visits will be covered before the deductible with a copay. Carriers’ rate filings must demonstrate that the change in cost sharing for these visits does not increase the overall cost of the plan. Instead, carriers are required to make adjustments to other cost sharing levels if necessary. | | |  |
|  | **5. In-Force Business and annualized premium:** | [Rule 940, § 5. C. 4.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Provide the number of group policies, the number of covered employees, the number of covered insureds, and the annualized premium for the Maine policies which will be affected by the proposed rate revision. | | | *Location, page:* |
|  | **6.** **Proposed Effective Date(s):** | [Rule 940, § 5. C. 5.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | State the proposed effective date and method of implementation of the proposed rate (e.g., next anniversary or next premium due date). | | | *Location, page:* |
|  | **7.** **Confidentiality:** | [Title 24-A, § 2808-B, 2-A, B.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Rate filings for small group health plans subject to Title 24-A, § 2808-B and all supporting information are public records, except:  (1) Protected health information required to be kept confidential by state or federal statute ***must*** be kept confidential, and  (2) Descriptions of the amount and terms or conditions or reimbursement in a contract between an insurer and a 3rd party ***may*** be kept confidential.  Any confidential information should be clearly identified as described in the [*confidentiality protocol*](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html)*,* available on the Bureau of Insurance website. | | | *Location, page, if applicable:* |
| **D.** | **Rate Filing Require-ments:** | [Rule 940, § 5. B. & 6.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | **This section applies to all hospital and medical “expense-incurred” small group health plan\* rate filings subject to prior approval.**  \*See [Title 24-A §2808-B, 1. G.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) for definition of “small group health plan.” | | |  |
|  | **1. Rate Filings Must Accompany Form Filings:** | [Rule 940, § 6. B.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Every policy, rider, or endorsement form affecting benefits which is submitted for approval must be accompanied by a rate filing or, if the form does not require a change in the premium, the submission must include a complete explanation of the effect on the anticipated loss ratio. The rate filing must include all rates, rating formulas and revisions. Provide the SERFF tracking number for the form filing. | | | *Location, page:* |
|  | **4. Non-compliant Filing:** | [Title 24-A, § 2808-B, 2-B, C.](http://www.maine.gov/pfr/insurance/legal/bulletins/index_by_number.html) | For carriers subject to prior approval, if the Bureau requests additional information or finds the rates not to be in compliance, rates approved previously must continue to be used. | | |  |
|  | **5. Completeness and Timeliness of Filing:** | [Rule 940, § 6. E.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | The filing must include sufficient supporting information to demonstrate that the rates are not excessive, inadequate, or unfairly discriminatory. *Carriers are required to review their experience no less frequently than annually* and to file rate revisions, upward or downward, as appropriate. | | |  |
|  | **6. Limitation on the application of approved trend factor(s):** | [Rule 940, § 6. F.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | If any rates will be automatically adjusted subsequent to the effective date of the filing based on a trend factor or other factor, this must be clearly disclosed in the filing.  **Automatic trend increases must be limited to one year from the effective date. No further automatic trend increases may be implemented unless a new filing is submitted and approved.** | | | *Location, page, if applicable:* |
|  | **7. Morbidity:** | [Rule 940, § 6. G. 1.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Describe and explain the morbidity basis for the form. Any substantive adjustments from the source or earlier assumptions must be explained. The morbidity assumed must be adequately justified by supporting data. | | | *Location, page:* |
|  | **8.** **Average Premium and Pre- and Post-Rate Change Monthly Premiums:** | [Rule 940, § 6. G. 4.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Display the average annual premium per group certificate for Maine. If a rate adjustment is proposed, the filing must disclose the average percentage increase a policyholder will experience as well as the largest percentage increase that any in-force policy will receive. The average increase must be determined by comparing the aggregate premium before and after the increase (assuming no lapses) for all policies renewing during the period during which the rates are intended to be in effect. The maximum increase is the largest increase for an in-force policy, including changes due to trend, aging, and changes in demographic, area, industry rating factors, but excluding changes in the covered population under a group policy. | | | *Location, page:* |
|  | **9. MGARA Impact** |  | Provide total payments received from MGARA reinsurance for prior 2 years and projected payments for 2025 in total, PMPM and % of premium. | | |  |
|  | **10. Medical Trend Assumptions:** | [Rule 940, § 6. G. 5.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | Provide the medical trend and any other trends used, numerical development and the assumptions used to calculate the trend(s). | | | *Location, page:* |
|  | **11. Maine Experience on the Policy Form (past three years and future anticipated):** | [Rule 940, § 6. G. 6.](https://www.maine.gov/pfr/insurance/regulated/insurance_companies/rate_form_checklists/life_health/excel/urrt_supplement_template.xlsx) | Carriers shall consider experience solely within the State of Maine in developing rates using the single risk pool for all non-grandfathered plans as required by the federal Affordable Care Act (ACA).  **Past experience must be presented on both an actual basis and a constant premium rate basis.** | | | *Location, page:* |
|  | **12. History of Rate Adjustments:** | [Rule 940, § 6. G. 8.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | List the approval dates and average percentage rate adjustments for the block in Maine for the past three years. | | | *Location, page:* |
|  | **13. Renewability Clause:** | [Rule 940, § 6. G. 9.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | **Small group health plans are guaranteed issue and guaranteed renewal, pursuant to** [Title 24-A, §2850-B, 3.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | | | *Location, page:* |
|  | **14. Minimum Loss Ratio:** | [Rule 940, § 6. G. 10.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | State the minimum pure loss ratio and the anticipated future loss ratio determined according to [Title 24-A, §2808-B 2-B. A.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) and the expected lifetime pure loss ratio, if applicable. | | | *Location, page:* |
|  | **15. Rating Attributes:** | [Rule 940, § 6. G. 11.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | State all the attributes upon which the premium rates vary. If the form is area-rated, a complete table of area factors must be included. Discuss the impact of any changes in geographic factors within Maine. Tobacco rating is prohibited. Discuss the impact of any changes in geographic factors within Maine. | | | *Location, page:* |
|  | **16. Marketing Method:** | [Rule 940, § 6. G. 12.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | Provide a brief description of the market and the marketing method. Specify which plans will be sold on and off the Exchange. Provide a commission schedule. | | | *Location, page:* |
| **E.** | **Prohibited Rating Practices:** | [Title 24-A §2808-B, 2-C. 4 & 2. B.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | **A carrier may not medically underwrite and/or vary the premium rate due to the gender, health status, claims experience, or policy duration of the eligible group or members of the group.** | | |  |
| **F.** | **Permitted Rating**  **Factors:**   1. **Area Adjustment Factors:**   **B. Age and Tobacco Use Factors:** | [Title 24-A §2808-B, 2. C.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html)  [Title 24-A §2808-B, 2. C-1.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html)  [Title 24-A §2808-B, 2. D-2.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx)  [Title 24-A §2808-B, 2. D.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Subject to rules adopted by the Superintendent, a carrier may vary the premium rate due to participation in wellness programs to the extent permitted by the federal Affordable Care Act.  A carrier may vary the premium rate due to geographic area in accordance with the limitation set out in this paragraph. Note new for 2025 there are 5 geographic rating areas. The rating factor used by a carrier for geographic area is limited to a ratio of 1.25 to 1.  Notwithstanding the above paragraph, rates with respect to employees whose work site is not in this State may be based on area adjustment factors appropriate to that location.    The age curve required by ACA must be used for non-grandfathered plans, | | |  |
| **G.** | **Additional Requirements:** | [Rule 940, § 9.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | In addition to the requirements of Rule 940, §5 and, if applicable, §6, small group rate filings subject to [Title 24-A M.R.S.A. §2808-B](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) must meet the following requirements: | | |  |
|  | **1. Index Rate, Formulas, and Factors:** | [Rule 940, § 9. B. 1](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | The filing must include the index rate for non-grandfathered plans and any formulas or factors used to adjust that rate, including actuarial value and cost sharing, provider networks, benefits in addition to the Essential Health Benefits (EHB), and with respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans. Index rate adjustments for any benefits in addition to EHB must be consistent for all products with same additional benefits. Please include a statement of compliance with this requirement in the actuarial memorandum. | | | *Location, page:* |
|  | **2. Group Size Factors:** | [Rule 940, § 9. B. 2](http://janus.state.me.us/legis/statutes/24-A/title24-Asec2808-B.html) | For grandfathered plans, if rates vary by group size, the filing must disclose those factors and provide support based on expected differences by group size. The maximum rate differential due to age and group size combined must not be greater than a ratio of 3 to 1. For non-grandfathered plans, variations by group size are not permitted. | | | *Location, page:* |
|  | **3. Pre- and Post- Rate Change Monthly Premiums:** | [Rule 940, § 9. B. 4.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | If a rate adjustment is proposed, the filing must disclose the average percentage increase an employer will experience as well as the largest percentage increase that any employer will receive. The average increase must be determined by comparing the aggregate premium before and after the increase (assuming no lapses) for all policies renewing during the period during which the rates are intended to be in effect. The maximum increase is the largest increase for an employer under a currently in-force policy, including changes due to trend, aging, and changes in demographic, area, industry rating factors, but excluding changes in the covered population. | | | *Location, page:* |
|  | **4. Size of Block** | [Rule 940, § 9. B. 5.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | State the anticipated average number of members in all small group health plans during the period for which rates will be in effect and the basis for the estimate. | | | *Location, page:* |
|  | **5.** **Small Group Association Plan Rates (see also G. 13):** | [Rule 940, § 9. B.6](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx).  [Title 24-A, §2808-B, 2. E.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Rates applicable to small employers in association or trustee groups that differ from rates applicable to other small employers are subject to the following:  a. The use of different community rates for the association or trustee group must have been authorized by the Superintendent pursuant to [Title 24-A, §2808-B, 2. E.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html)  b. The rate filing must state the percentage by which the rates for the association or trustee group differ from the rates for other small employers. If the difference is not a flat percentage, the filing must state the range of percentage differences and the average percentage. | | | *Location, page, if applicable:* |
|  | **6.Active Life Reserves** | [Rule 940, § 6. B.](https://www1.maine.gov/pfr/insurance/confidential_treatment.html) 14. | If applicable, state whether the policies includes active life reserves and describe the basis for these reserves. | | |  |
|  | **7. Actuarial Certification, non-HMO Rate Filings:** | [Rule 940, § 6. B. 15](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx). | Include a certification by a qualified actuary that to the best of the actuary’s knowledge and judgment, the entire rate filing is in compliance with the applicable laws of the State of Maine and with the rules of the Bureau of Insurance. "Qualified actuary," as used herein, means a member in good standing of the American Academy of Actuaries. | | | *Location, page:* |
|  | **8.** **Actuarial Certification, HMO Rate Filings:** | [Rule 940, § 10](http://janus.state.me.us/legis/statutes/24-A/title24-Asec2808-B.html). | HMO rate filings must include a certification by a qualified actuary that the rates are not excessive, inadequate, or unfairly discriminatory, along with adequate supporting information. “Qualified actuary,” as used herein, means a member in good standing of the American Academy of Actuaries. | | | *Location, page:* |
|  | **9.** **Notice to Policyholders (rate renewal form letter):** | [Rule 940, § 9. B. 8.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | The filing must include a copy of the form letter to be used to notify policyholders of a rate increase, as required by [Title 24-A, § 2839-A, 1.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) and the date on which the notices were sent. If they have not yet been sent, state the date they are intended to be sent and provide written confirmation to the Bureau when the notices have been sent.  Note: A carrier must provide written notice by mail or electronically of a rate increase to all affected policyholders or others who are directly billed for group coverage at least 60 days before the effective date of any increase in premium rates. An increase in premium rates may not be implemented until 60 days after notice is provided. For small group health plan rates subject to [Title 24-A, § 2808-B, 2-B](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html), if the increase is pending approval at the time of notice, the disclosure must state that the increase is subject to regulatory approval. | | | *Location, page:* |
|  | **11.Prior Approval:** | [Title 24-A §2808-B, 2-B, A.](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Rate filings for small group policies, as specified in [Title 24-A, § 2808-B. 2-B. A.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html), are subject to prior approval by the Superintendent. | | |  |
|  | **12. Rate Filing Disapproval:** | [Title 24-A §2808-B, 2-B. A](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | The Superintendent shall disapprove any premium rates subject to prior approval, whether initial or revised, for a small group health plan unless it is anticipated that the aggregate benefits estimated to be paid under all the small group health plans maintained in force by the carrier for the period for which coverage is to be provided will return to policyholders at least 75% of the aggregate premiums collected for those policies, as determined in accordance with accepted actuarial principles and practices and on the basis of incurred claims experience and earned premiums. | | |  |
|  | **13. Small Group Association Rates: (see also G.5):** | [Rule 940, § 9. B. 6](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx) | Small association and trustee groups are subject to the following:  Filed rates which are applicable to small employers in association or trustee groups that differ from rates applicable to other small employers must include justification for the difference in rates. | | | *Location, page, if applicable:* |
|  | **14. Large Blocks of Small Group Business:** | [Rule 940, § 11.](http://janus.state.me.us/legis/statutes/24-A/title24-Asec2850-B.html) | A rate filing which covers or is expected to cover more than two thousand (2,000) Maine residents is subject to the following:  A. Expenses: Include a description of any expense assumptions used, including, for example, per policy and percentage of premium expense for commissions, other administrative expenses, and profit margin.  B. Investment income: Include an estimate of investment income attributable to the affected policies and how it is reflected in the rates. | | | *Location, page, if applicable:* |
|  | **15. Review Pursuant to the ACA** | [Rule 940, § 12.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html) | All rate filings that would result in a rate increase must include the Federal Part I Unified Rate Review Template and Federal Part III Actuarial Memorandum. Filings that have been identified as “potentially unreasonable” in accordance with the ACA must also include Federal Part II written description of the rate increase. | | | *Location, page:* |
|  | **16. Actuarial Value of Plans** | ACA 1302(d)- plans must provide benefits with AVs of 60, 70, 80, or 90 percent. | All rate filings should include the calculated numerical output of the AV calculator, the metal level designation, and the AV inputs used and the document and pages numbers where these can be found in the form filing. If the plan design does not fit into the AV Calculator, carriers must submit an actuarial certification, a detailed description of the alternative methodology used, the calculated actuarial value, and the metal level designation. | | | *Location, page:* |
|  | **17. Actuarially Equivalent Substitutions** | Proposed 45 CFR 156.115(b)-Substitution of benefits | Certify substantially similar to the required EHB benefits. | | | *Location, page:* |
|  | **18. Plans In the Single Risk Pool** | [Rule 940, § 12.](http://janus.state.me.us/legis/statutes/24-A/title24-Asec2808-B.html) Pursuant to section 1312(c) of the ACA | Please list all the plans used as experience in the single risk pool. | | | *Location, page:* |
|  | **19. Modification of Rates** | [Rule 940, § 8. E.](http://www.mainelegislature.org/legis/statutes/24-A/title24-Asec2808-B.html)  45 CFR 156.80(d) | Provide a full explanation of how rates were modified to reflect ACA fees and risk adjustment under the ACA. | | | *Location, page:* |
|  | **20. URRT Supplement Template** |  | All issuers required to submit a Rate Filing Justification and Unified Rate Review Template to the Health Insurance Oversight System shall also submit a completed URRT Supplement Template with their SERFF submission. [URRT Supplement Template.xlsx](http://janus.state.me.us/legis/statutes/24-A/title24-Asec2808-B.html) | | | *Location, page, if applicable:* |
|  | **21. ACA Data Template** |  | All issuers shall submit a completed 2024 ACA Data Template. | | |  |
|  | **22. Pharmacy Benefit Manager Compensation** | [Title 24-A, §](http://www.maine.gov/sos/cec/rules/02/031/031c940.docx)4350-D | Include a memorandum prepared by a qualified actuary describing the calculation of the pharmacy benefits manager compensation. | | | *Location, page, if applicable:* |
|  | **23. Clear Choice Designs** | Bulletin 458  Rule 851 | A health plan may only be approved as a Clear Choice Plan if the Superintendent determines that it conforms to one of the Clear Choice Designs. A carrier may request approval to offer up to three Alternative Plan Designs in any plan year. Provide the cost share structure of the plans to make this determination. | | |  |
|  | **Completed by:** | | | **Carrier:** | **Date:** | Rev: 4/24/24 |