

**Maine Bureau of Insurance**  
**Rate Filing Review Requirements Checklist**  
**Group Health Policies Subject to Title 24-A M.R.S.A. § 2839:**  
**H02G, H03G, H04, H07G, H08G, H09G, H10G, H11G, H12, H13G, H14G, H15G.002, H16G.002A,**  
**H16G.002B, H16G.002C, H16G.004, H17G, H18G, H19G, H20G, HOrg02G.003B**  
**[Not Applicable to “Small Group Health Plans” Subject to [Title 24-A §2808-B](#)]**

S E C T I O N	REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENT	SPECIFIC LOCATION OF COMPLIANCE IN FILING
<b>A.</b>	<b>General Rate Filing Requirements:</b>	<a href="#">Title 24-A, § 2839</a>	A rate filing for informational purposes 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. Rates must be filed with the form filing rather than separately.  The Superintendent may request additional information as necessary.	
<b>B.</b>	<b>Electronic (SERFF) Filing Requirements:</b>	<a href="#">Title 24-A, § 2839</a>	Effective September 12, 2009, all filings must be filed electronically, using the NAIC System for Electronic Rate and Form Filing (SERFF). See <a href="http://www.serff.com/">http://www.serff.com/</a>  If the filing is found to be in compliance with the applicable requirements, the SERFF record will show the rates to be “Filed for Information” and the record will be closed.	
<b>C.</b>	<b>Additional Rate Filing Requirements:</b>	<a href="#">Title 24-A, § 2839</a>	<b>Every rate submission must contain the following:</b>	
	<b>1. Carrier Information:</b>	<a href="#">Title 24-A, § 2839</a>	The name and address of the carrier, 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.	<i>Location, page:</i>
	<b>2. Scope and Purpose of Filing:</b>	<a href="#">Title 24-A, § 2839</a>	Specify whether this is a new form and rate filing, a rate revision, or a justification of an existing rate.	<i>Location, page:</i>
	<b>3. Description of Benefits:</b>	<a href="#">Title 24-A, § 2839</a>	Include a brief description of the benefits provided by each policy form and any attached riders or endorsements.	<i>Location, page:</i>

4. In-Force Business	<a href="#">Title 24-A, § 2839</a>	Specify 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.	<i>Location, page:</i>
5. Proposed Effective Date(s):	<a href="#">Title 24-A, § 2839</a>	State the proposed effective date and method of implementation of the proposed rate (e.g., next anniversary or next premium due date).	<i>Location, page:</i>
6. Confidentiality:	<a href="#">Title 24-A, § 2839</a>	The filing may be prepared in a manner that protects the confidentiality of proprietary information by following the <a href="#">confidentiality protocol</a> , available on the Bureau of Insurance website.	
7. Rates Filed:	<a href="#">Title 24-A, § 2839</a>	A policy of group health insurance may not be delivered in this State until a copy of the group rates to be used in calculating the premium for these policies has been filed for informational purposes with the superintendent. The filing must include the base rates and a description of any procedures to be used to adjust the base rates to reflect factors including but not limited to age, gender, health status, claims experience, group size and coverage of dependents.	
8. Notice of Rate Increase:	<a href="#">Title 24-A, § 2839-A</a>	An insurer offering group health insurance, except for accidental injury, specified disease, hospital indemnity, disability income, Medicare supplement, long-term care or other limited benefit group health insurance, 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 the notice is provided.	
9. Actuarial Certification, HMO Rate Filings:	<a href="#">Title 24-A, § 2839</a>	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.	
10. 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. <a href="#">URRT Supplement Template.xlsx</a>	<i>Location, page, if applicable:</i>
11. Stand Alone Dental QHP's	<a href="#">Rule 940, § 12.</a>	Please provide the Actuarial Value of the plan and the methodology of its calculation. The AV and the methodology for calculating it must be certified by a qualified actuary. "Qualified actuary," as used herein, means a member in good standing of the American Academy of Actuaries.	<i>Location, page, if applicable:</i>
<b>Completed by:</b>		<b>Date:</b>	Rev. 04/28/2016