2025-2026 School Year Higher Education Student Health Plan (Pool) Rate Filing Checklist

## **Instructions:**

**For each item in Section I, you must provide a response in this document. For each item in Section II, you must provide the rate filing document name, section number, page number, or exhibit number of the document that addresses the checklist item.**

## **Response Information:**

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| **General Information** |
| Issuer Name: |  |
| Applicable Market: | Student Health Plans |
| Plan Year: | 2025-2026 school year |

## **Section I**

### Please provide a response for each item in Section I.

1. Provide the following information for each plan. (You may add more rows if you have more plans.) Note: Per 45 CFR §147.145(b)(2), the benefits provided by student health coverage must provide at least 60% actuarial value, as calculated in accordance with 45 CFR §156.135. The issuer must specify in any plan materials summarizing the terms of the coverage the actuarial value and level of coverage (or next lowest level of coverage) the coverage would otherwise satisfy under 45 CFR §156.140.

| Plan Name | New or Renewed | Actuarial Value and level of coverage (or next lowest level of coverage) per 45 CFR §147.145(b)(2) and §156.135 | State whether the plan will be issued to a specific college, multiple colleges (list the names of the colleges), or any college. |
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1. For each renewal plan,break out the overall percentage of rate impact by the percentage of rate impact due to the experience changes and the percentage of rate impact due to the benefit changes. If you are a new issuer to the market, indicate that all plans are new plans.

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| --- | --- | --- | --- | --- | --- |
|  | (a) | (b) | =[(1+(a))\*(1+(b))-1] |  |  |
| Renewal Plan Name | Experience Rate Change | Benefit Rate Change | Overall Average Rate Change | Average Enrollment per month during 2024-2025 School Year | Brief Description of Benefit Changes |
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## **Section II**

### **For each item listed in this section, provide the rate filing document name, section number, page number, or exhibit number of the document that addresses the item. For example: See Section III of the “Actuarial Memorandum” and Exhibit 5 of the “Supporting Documentation” file in the rate filing.**

1. Student Health Centers and plan designs: Do the following for each school in the filing.
	1. Identify whether there is a student health center that provides health care services to the members of the student health plan.
	2. Identify whether the cost of services provided at the student health center are passed to the company (the insurer) as claims.
	3. Identify the member cost-shares for services received at the student health center.
	4. If claims for services at the student health center are passed to the company, the allowed claims and cost-share designs must be reflected in the Mental Health and Substance Use Disorder (MH/SUD) testing calculations. Similarly, differences between cost-share designs for services received at the student health center and other facilities must be reflected in a plan’s Actuarial Value (AV) calculations.
2. For each plan, provide a description of the benefit components (including the copays, coinsurances, deductible, and out-of-pocket maximum) that were used for the development of the plan’s rates and AV. Name the file “Benefit Components.pdf.” Ensure your summary includes whether there is a student health center at the school, what benefits it provides, and the cost-shares.
3. Provide applicable AV Calculator screenshot(s) in PDF format showing that each plan’s AV **is at least 60%**, as calculated in accordance with 45 CFR §156.135. To view the 2026 Actuarial Value (AV) Calculator and Methodology documents, click here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance>.

Note: per 45 CFR §156.135, if you do not have a unique benefit design, you must certify that only the AV Calculator is used to develop the AV. If you have a unique benefit design, you must use 45 CFR §156.135(b)(2) **or** 45 CFR §156.135(b)(3) to certify the AV value for the plan.

1. Provide documentation and justification of per-member rating and structure to comply with ‘school-specific group community rating’ as outlined in CMS-9972-F page 13424.

The rate must be the same for each member (each person counts as one member in the family). Put a statement in the rate schedule that the premium is capped at three children under age 21 for a particular family (per Fair Health Insurance Premium rating requirements under section 2701 of the PHS Act and 45 CFR §147.102). If Undergraduates and Graduates have identical benefit designs and are issued under the same school policy, the rates must be the same.

Note: Although HHS Notice of Benefit and Payment Parameters for 2017 states that a health insurance issuer that offers student health insurance coverage may establish one or more separate risk pools for an institution of higher education if the distinction between or among groups of students (or dependents of students) who form the risk pool is based on a bona fide school-related classification and not based on a health factor (as described in 45 CFR §146.121), it does not change the 2013 final market rule as outlined in CMS-9972-F page 13424. Furthermore, page 45 of the HHS Notice of Benefit and Payment Parameters for 2017 states: We note that nothing prevents a State from requiring broader risk pooling with respect to student health insurance coverage than provided for in this final rule (for example, requiring each student health insurance issuer to establish one risk pool comprised of its entire student health insurance book of business).

1. Provide an illustrative example and rule to determine how your rates are applied (per month, per quarter, per semester, or per day). The rates applied must be equivalent to the same per member per month rate for any enrollee except that rates are charged to no more than the three oldest covered children under 21 for a family coverage.
2. Provide one **single** actuarial certification per the requirements in 45 CFR §156.135 and WAC 284-58-033.
3. Please provide a list of separate risk pools you are proposing in the filing.
	1. For each separate risk pool listed, define the applicable school names, classifications, forms and plans that apply.
	2. For each risk pool, provide the actual (unadjusted) experience. State the experience period, number of member months, earned premiums, paid claims, incurred claims, expenses, and loss ratio for each period. Please include any other actual experience that you think is necessary to support your rates. Credibility should also be addressed. The credibility model or standards used should be defined. Any changes to your credibility methodology from last year should be identified and justified.
	3. Describe the methodology used to develop your trend.
		1. Identify the data used to develop your trend and address its credibility.
		2. Identify how you considered costs and utilization specific to the proposed Washington State service area in your trend development.
		3. Breakdown your trend estimate into medical and prescription drug trend components.
4. List all changes in underlying assumptions from those of last year. This list should include all changes in the rating methodology or model, service area, market, and expense loading (e.g., requested profit margin). For each item listed, state where the corresponding justification or supporting documentation is provided in the rate filing.
5. Mental Health and Substance Use Disorder (MH/SUD) Financial Requirement Parity
	1. Complete the Mental Health and Substance Use Disorder Financial Requirement Parity Certification. The file “Certification - Rates - 2026 Mental Health and Substance Use Disorder Financial Req Parity” can be found at <https://www.insurance.wa.gov/speed-market-tools-health-coverage-analysts>.
	2. Confirm that all MH/SUD checklist documentation is submitted as requested. In particular, please provide an Excel file that summarizes the financial requirements and demonstrates the parity testing results.