

DEPARTMENT OF INSURANCE**Legal Division**

45 Fremont Street, 24th Floor
San Francisco CA 94105



California Annual Aggregate Rate Data Report Form
Version 1

(File through SERFF as a PDF. If you enter data on a Word version of this document, convert to PDF before submitting the form. SERFF will not accept Word documents.

Note "Annual Aggregate Rate Data Report" in the SERFF "Filing Description" field)

1) Company Name:

2) This report summarizes filing activity for plan year (calendar year): 201____

3) Total number of filings submitted during calendar year: _____

4) Segment Type

Segment type	Number of filings submitted	Percentage of total filings	Number of policyholders	Number of covered lives affected ¹	Average % rate increase ²
Individual					
Small Group					
Large Group					

¹ Insert total number of covered lives affected, the sum of the number of covered lives reported in each rate filing during the calendar year.

² Average % increase means the weighted average of the increases, weighting filed rate changes by the number of covered lives for each product for which rate were filed

5) Product Type

Product type	Number of filings submitted	Percentage of total filings	Number of policyholders	Number of covered lives affected ³	Average % rate increase ⁴
HMO (Health Maintenance Organization)					
PPO (Preferred Provider Organization)					
EPO (Exclusive Provider Organization)					
POS (Point of Service)					
Other (describe)					

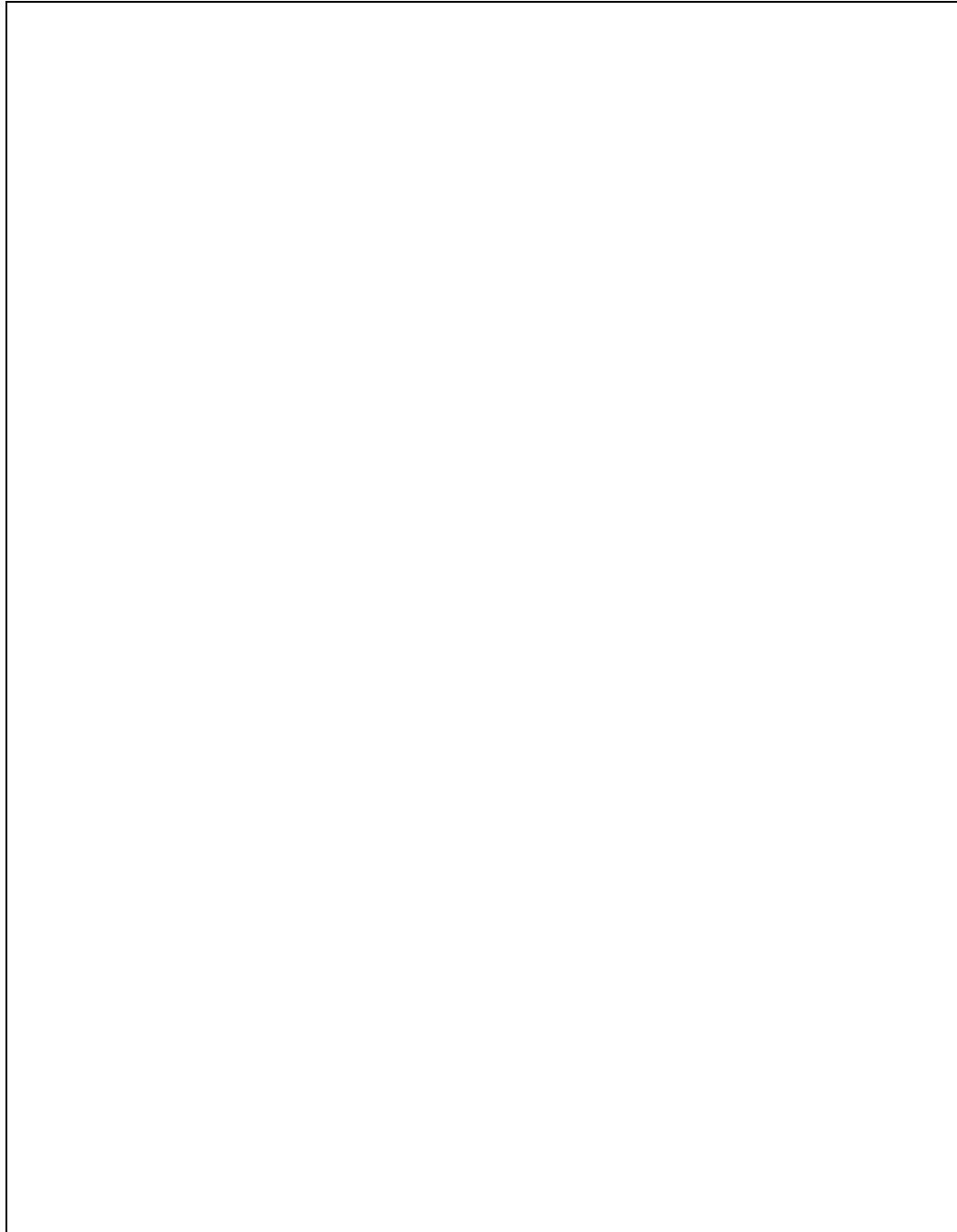
Describe "Other" Product Types here:

³ Insert total number of covered lives affected, the sum of the number of covered lives reported in each rate filing during the calendar year.

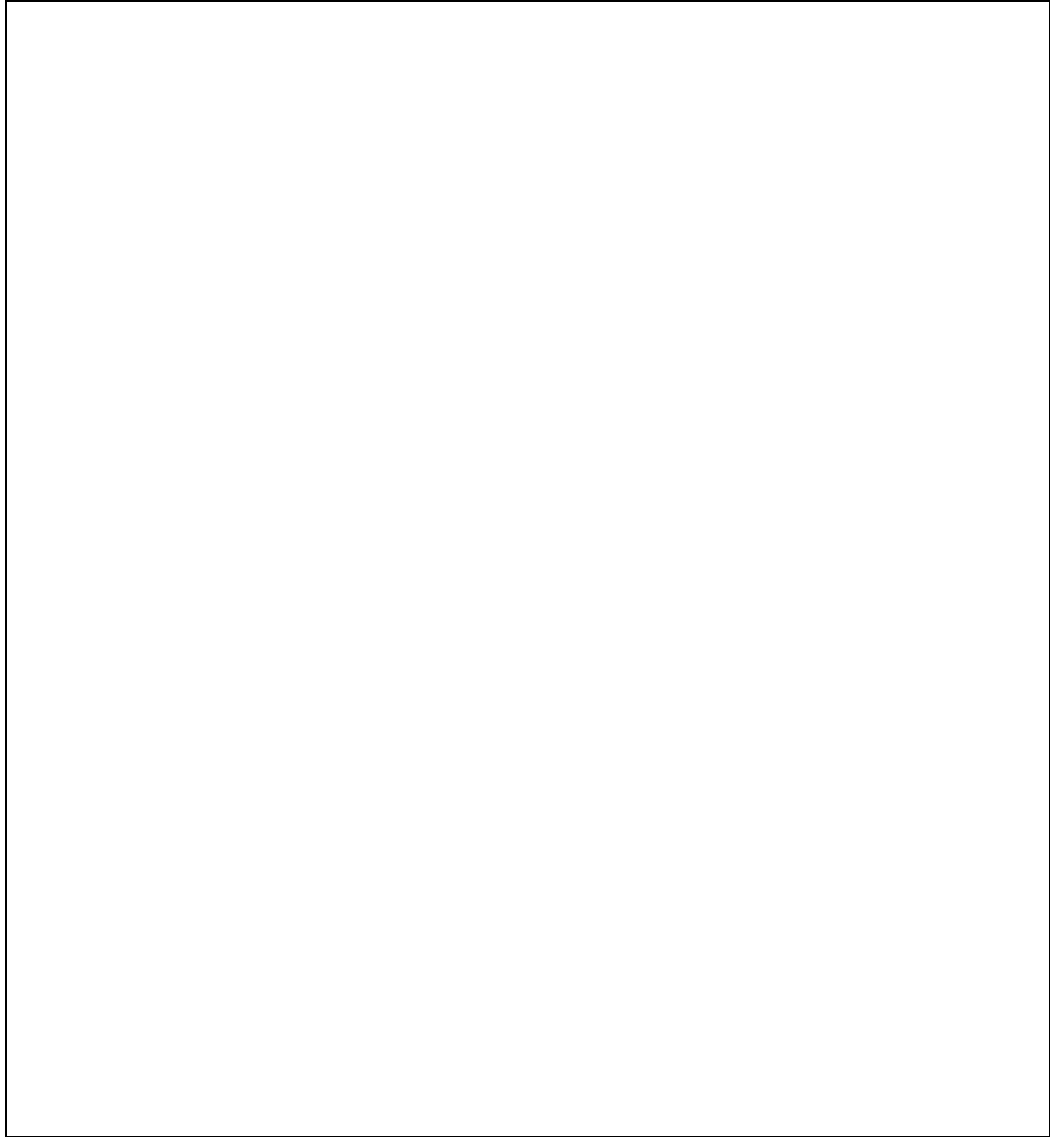
⁴ Average % increase means the weighted average of the increases, weighting filed rate changes by the number of covered lives for each product for which rate were filed

6) Cost Containment and Quality Improvement Efforts

Describe, for each category of health insurance policy (individual, small group, large group), cost containment and quality improvement efforts during the calendar year covered by this report. To the extent possible, describe any significant new health care cost containment and quality improvement efforts and provide an estimate of potential savings together with an estimated cost or savings for the projection period.



7) Comments. Place any needed comments here.

A large, empty rectangular box with a thin black border, intended for providing comments. It occupies the central portion of the page below the instruction.