

DEPARTMENT OF INSURANCE**Legal Division**45 Fremont Street, 24th Floor
San Francisco CA 94105**Guidance 1163:3**

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Pursuant to Senate Bill 1163 (Chapter 661, Statutes 2010), the California Department of Insurance issues the following guidance regarding compliance.¹ Further guidance may be forthcoming in the future.

Annual Aggregate Rate Data Report Filing

Health insurers shall annually file aggregate data for all individual and small group health insurance rate filings (Insurance Code section 10181.3(c)) and for all large group rate filings (Insurance Code section 10181.4(c)). The filing shall be submitted no later than January 15 of each year, and shall include data for the entire preceding calendar year. For the purpose of this guidance, "plan year" is equivalent to calendar year.² The first annual aggregate rate data report due under this guidance is due January 13, 2012 for calendar year 2011, and annually thereafter. The filing shall be submitted through SERFF using the California Annual Aggregate Rate Data Report Form, with the notation "Annual Aggregate Rate Data Report" in the SERFF "Filing Description" field. The form is on the Department's website; please see "California Annual Aggregate Rate Data Report Form" on the Department's website (<http://www.insurance.ca.gov/0250-insurers/0500-legal-info/0200-regulations/HealthGuidance/index.cfm>) for the form and format of the items required.

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¹ Senate Bill 1163 provides, at Insurance Code section 10181.2, that Article 4.5 (Insurance Code section 10181 *et seq.*) does not

apply to a specialized health insurance policy; a Medicare supplement policy subject to Article 6 (commencing with Section 10192.05); a health insurance policy offered in the Medi-Cal program (Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code); a health insurance policy offered in the Healthy Families Program (Part 6.2 (commencing with Section 12693)), the Access for Infants and Mothers Program (Part 6.3 (commencing with Section 12695)), the California Major Risk Medical Insurance Program (Part 6.5 (commencing with Section 12700)), or the Federal Temporary High Risk Pool (Part 6.6 (commencing with Section 12739.5)); a health insurance conversion policy offered pursuant to Section 12682.1; or a health insurance policy offered to a federally eligible defined individual under Chapter 9.5 (commencing with Section 10900).

Accordingly, the above guidance does not apply to the types of insurance listed in Insurance Code section 10181.2.

² This Guidance specifies an annual reporting period, instead of and replacing the quarterly reporting interval stated in prior Guidance 1163:2.