

## SERFF PLAN MANAGEMENT INSTRUCTIONS FOR PLAN YEAR 2026

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### Overview

Both Binder submissions and Form/Rate Filing submissions are required by Indiana for all ACA compliant non-grandfathered plans (Individual and Small Group non-QHP and QHP, Dental and Major Medical). **This is required even if there are no changes to the rates or forms.** If there are any changes to the forms approved during a previous filing season, issuers are required to submit a redline version of the forms to adequately highlight such changes.

Indiana is a Federally Facilitated State for Plan Management. QHP Applications (submissions) need to be submitted in HIOS, as CMS will be reviewing and approving for the federal Marketplace. Additionally, a duplicate QHP submission is required by Indiana and should be submitted through the SERFF Binder process. **Submissions must be submitted in both SERFF and HIOS simultaneously and must contain identical versions of each template at all times.**

### Rate Submission Guidance for Individual Marketplace Issuers

The Indiana Department of Insurance (IDOI) will require the submission of just one set of rates and associated material (URRT, Actuarial Memorandum, Consumer Justification, Rates Table Template, etc.) from Individual Marketplace issuers for Plan Year 2026. These rates should be developed based on the assumption that enhanced premium subsidies are NOT extended and that CSR payments remain unfunded. Issuers should prepare all submitted documents and templates consistent with these assumptions. In addition, issuers should provide to the IDOI, in the Actuarial Memorandum:

1. An estimate of the average change in rates (from the submitted rates) that would be required if funding is provided for CSR payments; this estimate should be supported by a thorough description of the assumptions used for its development. If the estimated change is expected to vary significantly by metal level, rating area, network, etc., issuers should provide detail on this also.
2. An estimate of the average change in rates (from the submitted rates) that would be required if the enhanced premium subsidies are extended; this estimate should be supported by a thorough description of the assumptions used for its development. If the estimated change is expected to vary significantly by metal level, rating area, network, etc., issuers should provide detail on this also.

Even though the IDOI is not requiring alternate rates to be submitted at this time, we strongly recommend being prepared to provide rates and templates assuming CSR payments are funded and/or the enhanced premium subsidies are continued.

### Indiana Essential Health Benefits and Mandates

Information about Indiana's essential health benefits (EHBs) and state mandates are available at the links below.

- [Indiana's EHBs](#)
- [Title 27 of the Indiana Code](#)

### **Submission Window and Deadlines**

For Plan Year 2026, all Forms filings are due by 12:00 p.m. EST on May 14, 2025. All Plan Management submissions (as well as Rate Filings and binders) for **individual QHP, small group filings, and stand-alone dental plan (SADP) filings** need to be submitted by 12:00 p.m. EST on June 10, 2025 including all related rates, documents, and templates. Note that this deadline is the day **before** the federal deadline. These filings and binders will have a preliminary posting date of June 12, 2025 and a final posting date of August 15, 2025. The last day for issuers to submit changes to the IDOI is August 6, 2025, by 5:00 p.m. EST. The IDOI anticipates approving/disapproving Major Medical and Dental Form and Rate filings, including the transmission of URRT items to CMS, by August 13, 2025. The IDOI anticipates approving/disapproving plans and closing Binders for both Major Medical and Dental plans by September 17, 2025. Additionally, responses to objections will be expected within:

- 10 business days for objections submitted on or before June 27, 2025
- 4 business days for objections submitted on June 30 – July 11, 2025
- 2 business days for objections submitted on or after July 14, 2025

### **SADPs**

In addition to submitting a Binder and a Form/Rate filing through SERFF, issuers seeking SADP certification for use on or off Marketplace will also need to submit an SADP application through HIOS.

### **Actuarial Value Calculations**

Issuers must provide the IDOI with an actuarial value calculator screen shot for every plan and plan variant. If issuers are submitting a plan with a unique benefit design, please remember that EHB requirements must be met, substitutions are not allowed, and a non-discriminatory benefit design is required.

### **CSR Loading**

For Plan Year 2026, loading for CSRs will continue to be required to be applied to all metal levels for on exchange plans. **For off exchange plans, issuers have the option of not applying a load for CSRs. For off exchange plans where a load is applied, the load should be the same as the load used with on exchange plans. This is a change from the guidance provided in the 2026 IDOI Letter to Issuers.** This topic may be addressed again for future policy years.

As indicated in the CMS bulletin issued on May 2, 2025, [“Plan Year 2026 Individual Market Rate Filing Instructions”](#), “Issuers that make permitted plan-level adjustments (or “load” premiums) to account for CSR amounts provided to eligible enrollees for which the issuer does not otherwise receive reimbursement (See 45 C.F.R. § 156.80(d)(2)(i).) must specify the actual CSRs the issuer paid for enrollees for PY 2024 in the Actuarial Memorandum submitted with its PY 2026 rate filing. Issuers must specify in their Actuarial Memorandum the load amount and explain how it was determined. Issuers should also explain in their Actuarial Memorandum how the additional revenue collected from the applied CSR load compares to the expected amount of CSRs that will be provided to enrollees in PY 2026.” To the extent information on actual CSR payments is not readily available, issuers should use estimates as needed and provide a description of the method(s) used for the estimates. For more detail, see the CMS FAQ, [“Frequently Asked Questions on Plan Year 2026 Individual Market Rate Filing Instructions”](#).

This was released on May 27, 2025.

### **Submission Fees**

There is no fee in Indiana for Binder submissions. Normal fees apply for Form/Rate filings in SERFF.

### **Contacting the Marketplace**

All inquiries regarding the QHP application, the QHP application process, the federal templates, the federal review tools should be addressed to the XOSC Help Desk via email at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or via phone at 1-855-CMS-1515.

### **Benefits and Service Areas**

Indiana does not allow any EHB substitution of benefits or partial county service areas. Additionally, pursuant to Ind. Code § 27-8-14.1-4, all issuers offering Small Group Major Medical plans must offer at least one product whose plans all cover morbid obesity surgery.

### **Indiana Specific Templates**

The IDOI requires the following [state specific templates](#) when creating a Binder.

- IDOI Rate and Crosswalk Template
- IDOI EHB Verification Template: this template must be completed including any and all limits and exclusions on benefit coverage.
- IDOI Active Individual Providers Template: this template is required to be submitted by small group major medical insurance issuers.

### **Indiana Specific Formulary Review**

Major medical formularies must comply with all requirements reviewed using all of the federal review tools as required for [QHP Verification](#). **Indiana is not requiring the state specific IDOI Clinical Appropriateness Review document to be submitted for Plan Year 2026.**

### **Network Adequacy**

The Essential Community Providers (ECP)/Network Adequacy Template is required for all Binder submissions. The ECP tabs only apply to issuers wishing to sell on the Marketplace. However, all issuers are expected to fully list and categorize their pharmacies, facilities, and providers using all applicable specialty types. If more than one specialty type applies to the pharmacy/facility/provider, then multiple specialty types should be listed and separated by commas. The IDOI will conduct a variety of network adequacy checks at the network and specialty type level. Issuers can only receive credit for the coverage that is entered into the template and only plans that meet our standards will be certified. This template takes a significant amount of work to complete, and it is essential for it to be complete, accurate, and fully categorized. Please see the IDOI Network Adequacy Standards for Plan Year 2026 for further details.

The ECP provider participation standard is set at 35 percent of available ECPs based on the applicable PY HHS ECP list, including approved ECP write-ins that would also count toward a QHP issuer's satisfaction of the 35 percent threshold.

**Expanded Bronze Plan Review**

Part of the Cost-Sharing Review Tool is a review is a check the cost-sharing requirements for expanded bronze plans. As shown below, the state is responsible for setting copay thresholds that will be considered roughly equivalent to 50% coinsurance for the purposes of this review. Below are the copay thresholds that have been chosen for Plan Year 2026.

**Expanded Bronze Plan Review**

This review checks that each plan with an Expanded Bronze metal level meets the applicable requirements. The plan must **either**:

1. Meet the requirements to be a high-deductible health plan within the meaning of 26 U.S.C. 223(c)(2).

**OR**

2. Pay for at least one major service before the deductible with reasonable cost sharing.

-*Major services* are defined as the list of benefits below.

-*Reasonable cost sharing* is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state.

The IDOI will be using the maximum copays below for its review of PY 2026 submissions.

	Copayments	Coinsurance
Primary Care Visits	\$60	50%
Specialist Visit	\$115	50%
Emergency Room Services	\$850	50%
Inpatient Hospital Services (e.g., Hospital Stay)	\$700	50%
Generic Drugs	\$35	50%
Preferred Brand Drugs	\$75	50%
Specialty Drugs	\$125	50%

**Table 1: Required Templates on “Templates” Tab in Binder**

Table 1 contains templates found on the Templates tab of Plan Management Binders in SERFF. We expect a carrier to choose a column based on the total single risk pool submission. For example, if issuers write plans for sale both on and off the Marketplace, and write other plans offered exclusively off the Marketplace, then issuers would submit all templates shown in Column A for all plans in that single risk pool, including plans not sold on the Marketplace.

		A	B	C
<b>Template Name</b>	<b>Template Description</b>	<b>Indiv/SG Both On/Off Marketplace Major Medical Submission</b>	<b>Indiv/SG Only Off Marketplace Major Medical Submission</b>	<b>Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission</b>
<i>ECP/Network Adequacy Template</i>	Collects information on providers, hospitals, and pharmacies in the issuer’s networks.	Required (ECP tabs apply to Major Medical Marketplace plans only)	Required (ECP tabs may be left blank)	Required (ECP tabs may be left blank)
<i>Plans &amp; Benefits Template</i>	Collects plan and benefit data for medical and dental.	Required	SERFF Plan and Benefits Light Template only	Required
<i>Prescription Drug Template</i>	Collects comprehensive formulary data for plans.	Required	Required	N/A
<i>Network ID Template</i>	Lists an issuer’s network IDs and network URLs.	Required	Required	Required
<i>Service Area Template</i>	Information identifying a plan’s geographic service area.	Required	Required	Required
<i>Rate Data Template</i>	Rating Tables	Required	N/A	Required
<i>Business Rule Template</i>	Supporting business rules	Required	N/A	Required
<i>Transparency in Coverage Template</i>	Collect data on the number of claims submitted and denied.	Required	N/A	Required

**Table 2: Required Templates on “Supporting Documentation” tab in Binder**

Table 2 contains templates found on the Supporting Documents tab in SERFF.

<b>Template Name</b>	<b>Indiv/SG Both On/Off Marketplace Major Medical Submission</b>	<b>Indiv/SG Only Off Marketplace Major Medical Submission</b>	<b>Exchange Certified Indiv/SG Stand Alone Dental On/Off Marketplace Submission</b>
<i>Formulary - Inadequate Category/Class Count Supporting Documentation and Justification as Needed</i>	Required	Required	N/A
<i>Discrimination - Cost Sharing Outlier Supporting Documentation and Justification as Needed</i>	Required	N/A	N/A
<i>Discrimination - Language Supporting Documentation and Justification as Needed</i>	Required	N/A	N/A
<i>Discrimination - Formulary Outlier Review Supporting Documentation and Justification as Needed</i>	Required	Required	N/A
<i>Discrimination - Formulary Clinical Appropriateness Supporting Documentation and Justification as Needed</i>	Not Required for PY 2026	Not Required for PY 2026	N/A
<i>Plan ID Crosswalk Template</i>	Required	N/A	Required (Marketplace plans only)
<i>IDOI Network Adequacy Documents</i>	N/A	Required	N/A
<i>IDOI Rate and Crosswalk Template</i>	Required	Required	N/A
<i>IDOI EHB Verification Template</i>	Required	Required	N/A