



Advisory Memorandum

April 25, 2025

TO: All Insurers of Health Benefit Plans in the Individual and Small Group Markets

FROM: Life and Health Division

RE: 2026 Plan Year Form and Plan Binder Filing Information

IMPORTANT NOTE: IF YOU ARE AN INSURER OF A STAND-ALONE DENTAL PLAN SEEKING EXCHANGE CERTIFICATION FOR SALE ON OR OFF THE EXCHANGE FOR THE 2025 PLAN YEAR, PLEASE REFER TO THE SEPARATE ADVISORY MEMORANDUM ISSUED ON THIS SAME DATE FOR INFORMATION ON SUCH SUBMISSIONS. ¹

The purpose of this memorandum is to notify all interested insurers of important filing information that is or will soon be available to assist individuals in preparing and submitting various 2026 Plan Year medical insurance submissions – insurance forms, rates, and plan binders to the North Carolina Department of Insurance (NCDOI) for review and approval. Insurers that will be seeking approval from NCDOI of forms and rates that are subject to the requirements of the Affordable Care Act and related state laws are encouraged to refer to this memo and the resources it identifies. Generally, this includes products intended to be sold and issued in North Carolina in 2026 in the individual or small group markets as described in one or more of the following categories:

- Health benefit plans (QHPs) to be sold in North Carolina on the Federally facilitated Marketplace (FFM) and/or Federally-Facilitated SHOP (FF-SHOP); and
- Health benefit plans to be sold in North Carolina outside the FFM (Non-QHPs) and FF-SHOP.

Although NCDOI has not made any significant changes in the filing requirements from those in place in 2025, NCDOI is providing this updated information to facilitate the submission process and apprise insurers of important requirements and critical deadlines.

Insurers filing QHPs to be sold on the FFM and FF-SHOP should pay close attention to the information in the Published Guidance and Regulation from the Center for Consumer at the following:

<https://www.ghpcertification.cms.gov/s/Published%20Guidance%20and%20Regulations>

General Filing Requirements

The following documents are intended to be a resource to assist insurers in making a 2026 plan year regulatory filing in North Carolina, and they will be updated and made available in SERFF and on NCDOL's website as noted below:

SERFF General Instructions:

<https://www.ncdoi.gov/insurance-industry/form-and-rate-filings/life-and-health/form-and-rate-filing-instructions>

ACA PY2026 Form and Rate Filing Information:

<https://www.ncdoi.gov/insurance-industry/form-and-rate-filings/life-and-health/health-insurance-affordable-care-act-aca>

As the above information is updated, insurers will be notified of the updates through SERFF blasts, emails, or posts to the appropriate NCDOL webpage. Insurers should check back for updates regularly.

Timelines

For Medical Insurer Form and Plan Binder Submissions

NCDOL will not set any specific due date for form filings or plan binder submissions but asks insurers to give NCDOL 90 days to complete our reviews.

NCDOL will take approval/acceptance action on all related form and binder submissions applicable in the same market (individual vs small group) for a single insurer at the same time.

For insurers seeking QHP certification or recertification, NCDOL suggests that form and any required plan binder submissions be made by May 16, 2025 to give NCDOL 90 days to complete our reviews by the federal due date of August 13, 2025. NCDOL requests that insurers submit as early as possible to give NCDOL and the insurer the maximum amount of time possible for all reviews to be completed. ***Insurers in this category should also be mindful of the federal QHP application deadline.***

For insurers who do not participate on the FFM, you should be mindful of NCDOL's policy to approve all regulatory filings for a single insurer and market at the same time and note that according to the most recent guidance from CMS/CCIIO all single-risk pool rate filings reviews must be completed no later than October 15, 2025. Therefore, these insurers should make their regulatory form and required plan binder submissions according to their own marketing and administrative needs, keeping in mind NCDOL's 90-day review period and that final date as specified by CMS/CCIIO. ***Again, NCDOL requests that insurers submit as early as possible to give NCDOL and the insurer the maximum amount of time possible for all reviews to be completed.***

Any insurer who fails to receive the proper approvals from NCDOL on or before October 15, 2025, may have to provide open enrollment/guaranteed availability to all applicants in the respective market through the 2026 calendar year. Refer to 45 CFR §147.104.

NCDOL may issue form filing/plan binder specific instructions via our website and insurers should check the NCDOL website regularly for possible updates on information relating to those submissions.

For Medical Insurer Single-Risk Pool Rate Filing Submissions

NCDOL has issued under separate cover rate filing specific instructions, and applicable submission timelines. The rate filing specific guidance is posted at:

<https://www.ncdoi.gov/insurance-industry/form-and-rate-filings/life-and-health/health-insurance-industry/information-insurers#rate-filing-information>.

SERFF Plan Binders and Federal Templates

All insurers of non-grandfathered health benefit plans (medical) **MUST** submit a 2026 Plan Year SERFF binder for each market (individual or small group) in which the insurer operates. This is true even if the insurer is not adding or deleting plans that were accepted in previous years. NCDOL must receive at least one binder for each market (as applicable) from every insurer in order to confirm compliance with EHB, AV, and cost-sharing limitations applicable for the 2026 plan year. Insurers may submit separate binders for on-exchange plans and off-exchange plans.

Insurers may not submit SERFF binders for 2025 until the final federal templates are available for submission and the SERFF and federal related functionality is operational. Insurers may access the current versions of the federal templates (and review tools) at:

<https://www.qhpcertification.cms.gov/s/Home> .

Insurers must use the various review tools issued by CMS/CCIIO to validate various aspects of the templates for data integrity and other compliance issues before submission into SERFF. These tools are located on the CMS/CCIIO website noted above. Insurers should regularly monitor this website and SERFF for changes to these templates and the operational date of the validation services.

Insurers seeking QHP certifications are encouraged to also monitor training events and the REGTAP website which is where CCIIO/FFM issues information of interest to QHP and SADP certified insurers.

QHP Submissions: An insurer must submit one complete binder per market for its health benefit plans it intends to offer inside the FFM (using a separate binder for individual versus small group). That binder should include any new plans the insurer wishes to sell and all previously accepted/certified plans which the insurer intends to continue to provide through the FFM. ***If an insurer does not intend to continue to provide a previously certified plan in the FFM and the plan contains membership, the insurer should contact the Life & Health Division to discuss how the insurer will handle those plans, i.e., termination of plans. Insurers are***

reminded to refer to the guaranteed renewability and uniform modifications regulations on when an amended plan can still be considered the same plan with the same Standard Component ID as found in 45 CFR §§144.103 and 147.106.

All QHP binder submissions must include all of the federal templates noted below and marked as required for QHP submissions. Such templates should be submitted via the SERFF binder process. The templates MUST be added to the SERFF Binder through the binder builder process and must go through federal verification services in order for NCDOL to receive the QHP related binder.

Non-QHP Submissions: NCDOL will require a plan binder filing for health insurance plans outside the FFM for 2026 filings, even for carriers also operating inside the FFM who submit a separate QHP binder. An insurer must submit one binder per market for its health benefit plans it intends to offer outside the FFM (using a separate binder for individual versus small group). That binder should include any new plans the insurer wishes to sell in North Carolina and all previously accepted plans which the insurer intends to continue to provide in North Carolina. ***If an insurer does not intend to continue to provide a previously accepted plan and the plan contains membership, the insurer should contact the Life & Health Division to discuss how the insurer will handle those plans, i.e. termination of plans. Insurers are reminded to refer to the guaranteed renewability and uniform modifications regulations on when an amended plan can still be considered the same plan with the same Standard Component ID as found in 45 CFR §§144.103 and 147.106.***

All binder submissions containing off-exchange plans only must include the federal templates noted below and marked as required for non-QHP submissions. Such templates should be submitted via the SERFF binder process. The templates MUST be added to the SERFF Binder through the binder builder process and must go through federal verification services for NCDOL to receive the related binder.

Federal Templates for Medical Insurers

All federal related instructions may be accessed at the CMS/CCIIO QHP website:

<https://www.qhpcertification.cms.gov/s/Home> .

And,

All federal templates may be accessed at:

<https://www.qhpcertification.cms.gov/s/Application%20Materials>

Template Name	Version*	Required for QHP Plan Binder?	Required for Non-QHP (only) Plan Binder
Plan/Benefits	15.0	Yes	Yes
Prescription Drug	15.0	Yes	Yes
Network ID	15.0	Yes	Yes
Service Area	15.0	Yes	Yes
Rate Tables	15.0	Yes	Yes
Business Rule Template	15.0	Yes	Yes
Plan Crosswalk	15.0	Yes (if a QHP insurer in the individual market in 2025)	No

****Version numbers are as of the issuance of this guidance. Insurers should visit the webpage above before submitting a binder to ensure you are using the most recent version of the templates.***

Form Filings for Medical Insurers

All forms filings should be submitted using SERFF.

Insurers may submit new forms or amendments to previously approved forms at any time. The cover letter or General Information tab should clearly indicate the forms are for use in the individual or small group major medical ACA-compliant market and indicate the types of changes being made.

Any insurer who does not receive the appropriate regulatory approvals from NCDOL before the federal deadlines are subject to a continual open enrollment period per federal regulation. Although priority may be provided for exchange filings to meet the required federal deadlines, filings will otherwise be reviewed in the order received.

Insurers will be required to submit a completed copy of the Mental Health Parity Attestation required documents which are posted at:

<https://www.ncdoi.gov/insurance-industry/form-and-rate-filings/life-and-health/checklists-life-and-health-insurance-products>.

Additionally, SERFF has been updated to reflect the current Mental Health Parity Checklist and attestation.

If an insurer is submitting forms with changes to previously approved forms, NCDOL expects **redline** versions of the forms to be added to the Supporting Documentation Tab in SERFF as required by T11 NCAC 12.0329(3)(g). The filing should also identify the previously approved form by the SERFF Tracking Number and NC identifying form number.

Insurers who are NOT making any changes for their 2026 plan year in their previously approved forms must still submit a single risk pool rate filing per market (individual vs small group), which must include rates for all the previously approved/accepted plans the insurer will continue to use, plus any new plans for which the insurer is seeking approval/acceptance for 2026.

Insurers are reminded to review the guaranteed renewability and uniform modification provisions of the federal regulations in 45 CFR §§144.103 and 147.106 and to understand when a plan can be changed and remain as the same plan with the same federal Standard Component ID.

If an insurer is expecting to discontinue all its ACA-compliant products, the insurer is encouraged to contact the Life and Health Division to discuss related issues.

All insurers are expected to submit the NC EHB Crosswalk to assist the analyst in confirming that EHB compliance is achieved. The EHB Crosswalk template will be available in the filing

requirements for Major Medical TOI coded submissions in SERFF. Insurers should also assure that the EHB benefits listed in the crosswalk are properly reflected in their insurance forms. Analyst will check forms for information about the benefits and will disapprove any forms which do not include appropriate descriptions of benefits.

Filings containing insurance forms for approval should be submitted as Filing Type “Form” and should NOT include any rate information. The insurer should include a cross reference to the company’s applicable single-risk pool rate filing and note that filing’s tracking number in the Associated Filings tab in SERFF.

Insurers should include in the supporting documentation of the form filing a listing by the Standard Component IDs and Marketing Name of all plans contained in the related SERFF Plan Binder (all plans previously accepted that are still being used in 2026 as well as new plans for 2026) associated with the form filing.

EHB Benchmark

The EHB Benchmark for NC for 2026 remains unchanged from 2017 and is a Blue Options Small Group plan issued by Blue Cross Blue Shield of North Carolina. Summary information as published by CMS/CCIIO and the EHB Benchmark plan document can be accessed at:

<https://www.cms.gov/marketplace/resources/data/essential-health-benefits#ehb>

A completed EHB Crosswalk must be submitted with 2026 form filings. The NC EHB Crosswalk assists the analyst in confirming that EHB compliance is achieved. The EHB Crosswalk template will be available in the filing requirements for Major Medical TOI coded submissions in SERFF. Insurers should also assure that the EHB benefits listed in the crosswalk are properly reflected in their insurance forms. Analyst will check forms for information about the benefits and will disapprove any forms which do not include appropriate descriptions of benefits.

NCDOL Contact Information

Questions about this memo may be directed to Pat Lee at (919) 807-6066 or by email to L&Hinbox@ncdoi.gov.