

Virginia Medigap Premium Finder Premium Table Submission Instructions

General Instructions

Any deviation or changes made to the premium data tables that do not follow these instructions will be returned to the Company for corrections, further delaying the approval of the proposed rate request.

- These instructions are for filing annual, new, or correctional Medicare Supplement Premium Data submissions
- For each Medicare Supplement plan that the company is currently marketing in Virginia (open book only), fill out one Table 1 and one Table 2 **NOTE: Table 1 should only contain one row of data, and there should be a separate Table 1 .csv file for each plan letter.**
- All data elements, unless specified otherwise, require a valid data entry in each field
- All Medicare Supplement rate filings submitted to the Bureau for approval after 3/1/22 must include these Tables with the requested data. The rates will not be approved until this data is submitted in the requested format.
 - The Medicare Supplement rate filing checklist has been updated with an explanation and more instructions.
- The following slides give a column-by-column breakdown for filling out the Table 1 and Table 2 spreadsheets
- After those instructions there will be instructions for uploading the files to SERFF
- Please contact [Bobby Toone at Bobby.Toone@scc.virginia.gov](mailto:Bobby.Toone@scc.virginia.gov) with any questions.

Naming Conventions

Please save with the naming convention: 'Medigap-XXXXX-PlanType-SubmissionType-T#.csv'. Please note that the .csv version must be "comma-delimited".

- XXXXX represents the NAIC Company Code
- PlanType should be the same plan type entered in Tables 1 and 2
- SubmissionType should be listed as 'N' for new, 'A' for annual, or 'C' for correction data entries
- T represents the table number being submitted. For Table 1 enter 'T1' and for Table 2 enter 'T2'
- Using the mock company in the examples above the files would be names 'Medigap-12345-A-N-T1.csv' and 'Medigap-12345-A-N-T2.csv'

If a Table must be corrected, the revised Tables should be submitted with the same naming convention as the original. Do not add "Revised", "v2" or any other type of addition to the file name.

Attached all documents to the SERFF Medicare Supplement rate filing

Correctional Medicare Supplement rate filing

If a rating error is found on a previously approved Medicare Supplement SERFF rate filing, the filing must be reopened, and the relevant tables should be re-submitted using 'C' for correctional in the Filing Designation Column.

Correctional Filings must match GroupInd, OpenInd, EffectiveDate, and AgeOffer of the plan being corrected.

The Correctional Filing should be resubmitted through SERFF.

Table 1

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	CompanyCode	PolicyFormNumber	Filing Designation	SERFFTracking Number	PlanType	GroupInd	OpenInd	AgeOffer	Eligibility	EffectiveDate	EndDate	Pre Ex Waiting Period: Number of Months	ReqRate	Phone	Website	
2	12345	FORM1234-A	O	SRFF-123456789	A	G	O	65 and Older		1/1/2021		0	0	8001234567	www.companyxyz.com	
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
32																
33																
34																
35																
36																
37																

- Pages 5 - 16 will give a column-by-column instructions of what is to be entered in Table 1 and Table 2.
- There will be a screenshot from a mock version of the relevant columns as well as a table giving a description and any data restrictions.
- Pages 17 - 21 restate the data requirements for Tables 1 and 2 in a different format.

Table 1: Columns A-D

- Submit the data for the annual, new, or correctional Medicare Supplement rate filing
- For a correctional filing, the SERFF Tracking number will be used to identify the filing that is being corrected

	A	B	C	D
1	Company Code	Policy Form Number	Filing Designation (Annual/New/Correctional)	SERFF Tracking Number
2	12345	FORM1234-A	O	SRFF-000000000

Column Header	Description	Valid Values
CompanyCode	Five-digit NAIC Company Code	Must be exactly 5 characters
PolicyForm Number	Policy form number found on SERFF	Max 75 characters
Filing Designation	Designates if plan is active, new, or correctional	'O' = Annual 'N' = New 'C' = Correctional
SERFFTracking Number	Assigned SERFF Tracking Number	Must be exactly 14 characters

Table 1: Columns E-H

- Only plans with open books of business should be entered
- For AgeOffer, Older and Younger must capitalize the first letter

	E	F	G	H
1	Plan Type	GroupInd	OpenInd	AgeOffer
2	A	G	O	65 and Older

PlanType	Standardized Plan Letter	A, B, C, D, F, FH, G, GH, K, L, M, N
GroupInd	Indication for Group or Individual	'G' or 'I'
OpenInd	Indication for Open or Closed book of business	'O' or 'C'
AgeOffer	Age range eligible for the plan	'All Ages' or '65 and Older' or '64 and Younger'

Table 1: Columns I-K

•See next page for more information on eligibility requirements

	I	J	K
1	Eligibility	EffectiveDate	EndDate
2		1/1/2021	
3			

Column Header	Description	Valid Values
Eligibility	Describe any conditions for plan eligibility	Field may be blank; Character Limit of 500
EffectiveDate	Plan effective date	Must be entered in mm/dd/yyyy format
EndDate	Plan end date	Must be entered in mm/dd/yyyy format;

Eligibility Examples

Entries are limited to 500
characters in the eligibility column.

- Company XYZ is a fraternal benefit society. As such, its policies are available only to persons eligible for membership in the Association
- An applicant must be a member of AARP to apply for coverage through Company XYZ
- An applicant must be a member of USAA to apply for coverage
- Only eligible for members who live east/west of State Route 123

Table 1: Columns L-O

- Enter ReqRate as a whole number and not a percentage.
 - The scale is 100% = 100. For example, a ten percent increase should be entered as '10'
- Phone Number should be entered without dashes
- Website must be included

	L	M	N	O
1	Pre Ex Waiting Period: Number of Months	ReqRate	Phone	Website
2	0	0	8001234567	www.companyxyz.com
3				
4				

Column Header	Description	Valid Values
PreExWaiting Period	Pre-existing waiting period in number of months	0, 1, 2, 3, 4, 5, or 6
ReqRate	Rate increase from prior year;	May be zero; must be a whole number; decimals are allowed; no % sign
Phone	Phone number consumers may call for more plan information (required)	10-character limit without dashes *Either enter a phone number or leave blank
Website	Website consumers may visit for more plan Information	75-character limit Required entry

Table 2

	A	B	C	D	E	F	G	H	I	J	K	L
1	Company Code	SERFF Tracking Number	Plan Type	Zip Code	FIPS Code	Policy Form Number	Age	Gender	Smoking	Annual Premium	riskClass (S-Standard /P-Preferred)	
2	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	64	F	N	2936	P	
3	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	64	M	N	3376	P	
4	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	65	F	N	2417	P	
5	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	65	F	S	2685	S	
6	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	65	M	N	2779	P	
7	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	65	M	S	3088	S	
8	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	66	F	N	2417	P	
9	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	66	F	S	2685	S	
10	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	66	M	N	2779	P	
11	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	66	M	S	3088	S	
12	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	67	F	N	2417	P	
13	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	67	F	S	2685	S	
14	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	67	M	N	2779	P	
15	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	67	M	S	3088	S	
16	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	68	F	N	2489	P	
17	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	68	F	S	2760	S	
18	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	68	M	N	2858	P	
19	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	68	M	S	3177	S	
20	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	69	F	N	2564	P	
21	12345	SRFF-000000000	A	201	51059	ABCIMSP10A	69	F	S	2845	S	

Table 2: Columns A-C

- For a correctional Medicare Supplement rate filing, Table 2 should be resubmitted in its entirety

	A	B	C
1	Company Code	SERFF Tracking Number	Plan Type
2	12345	SRFF-0000000000	A
3	12345	SRFF-0000000000	A
4	12345	SRFF-0000000000	A
5	12345	SRFF-0000000000	A
6	12345	SRFF-0000000000	A

Column Header	Description	Valid Values
CompanyCode	Five-digit NAIC Company Code	Must be exactly 5 characters
SERFFTracking Number	Assigned SERFF Tracking Number	Must be exactly 14 characters
PlanType	Standardized Plan Letter	A, B, C, D, F, FH, G, GH, K, L, M, N

Table 2: Columns D&E

Zip and FIPS codes should only include one unique value per cell

	D	E
1	Zip Code	FIPS Code
2	201	51059
3	201	51059
4	201	51059
5	201	51059
6	201	51059

Column Header	Description	Valid Values
ZipCode	First 3 digits of 5-digit Zip Code where the plan is available	3 character requirement
FIPSCode	5-digit FIPS code for the county/city that is associated with the 3-digit zip code	5-character requirement

Valid Zip Code Values

- To save space, we are only accepting entries with the first 3 digits of any zip code.
- Those zip values are in the box to the left
- There should be no more than 29 zip codes

201, 205, 220, 221, 222, 223,
224, 225, 226, 227, 228, 229,
230, 231, 232, 233, 234, 235,
236, 237, 238, 239, 240, 241,
242, 243, 244, 245, 246

Valid FIPS Code Values

There should be no more than 133 FIPS Codes

FIPS CODE1	County/City Name	FIPS CODE2	County/City Name2	FIPS CODE3	County/City Name3	FIPS CODE4	County/City Name4
51001	Accomack County	51069	Frederick County	51141	Patrick County	51570	Colonial Heights City
51003	Albemarle County	51071	Giles County	51143	Pittsylvania County	51580	Covington City
51005	Alleghany County	51073	Gloucester County	51145	Powhatan County	51590	Danville City
51007	Amelia County	51075	Goochland County	51147	Prince Edward County	51595	Emporia City
51009	Amherst County	51077	Grayson County	51149	Prince George County	51600	Fairfax City
51011	Appomattox County	51079	Greene County	51153	Prince William County	51610	Falls Church City
51013	Arlington County	51081	Greensville County	51155	Pulaski County	51620	Franklin City
51015	Augusta County	51083	Halifax County	51157	Spottsylvania County	51630	Fredericksburg City
51017	Bath County	51085	Hanover County	51159	Richmond County	51640	Galax City
51019	Bedford County	51087	Henrico County	51161	Roanoke County	51650	Hampton City
51021	Bland County	51089	Henry County	51163	Rockbridge County	51660	Harrisonburg City
51023	Botetourt County	51091	Highland County	51165	Rockingham County	51670	Hopewell City
51025	Brunswick County	51093	Isle of Wight County	51167	Russell County	51678	Lexington City
51027	Buchanan County	51095	James City County	51169	Scott County	51680	Lynchburg City
51029	Buckingham County	51097	King and Queen County	51171	Shenandoah County	51683	Manassas City
51031	Campbell County	51099	King George County	51173	Smyth County	51685	Manassas Park City
51033	Caroline County	51101	King William County	51175	Southampton County	51690	Martinsville City
51035	Carroll County	51103	Lancaster County	51177	Spotsylvania County	51700	Newport News City
51036	Charles City County	51105	Lee County	51179	Stafford County	51710	Norfolk City
51037	Charlotte County	51107	Loudoun County	51181	Surry County	51720	Norton City
51041	Chesterfield County	51109	Louisa County	51183	Sussex County	51730	Petersburg City
51043	Clarke County	51111	Lunenburg County	51185	Tazewell County	51735	Poquoson City
51045	Craig County	51113	Madison County	51187	Warren County	51740	Portsmouth City
51047	Culpeper County	51115	Mathews County	51191	Washington County	51750	Radford City
51049	Cumberland County	51117	Mecklenburg County	51193	Westmoreland County	51760	Richmond City
51051	Dickenson County	51119	Middlesex County	51195	Wise County	51770	Roanoke City
51053	Dinwiddie County	51121	Montgomery County	51197	Wythe County	51775	Salem City
51057	Essex County	51125	Nelson County	51199	York County	51790	Staunton City
51059	Fairfax County	51127	New Kent County	51510	Alexandria City	51800	Suffolk City
51061	Fauquier County	51131	Northampton County	51520	Bristol City	51810	Virginia Beach City
51063	Floyd County	51133	Northumberland County	51530	Buena Vista City	51820	Waynesboro City
51065	Fluvanna County	51135	Nottoway County	51540	Charlottesville City	51830	Williamsburg City
51067	Franklin County	51137	Orange County	51550	Chesapeake City	51840	Winchester City
		51139	Page County				

Table 2: Columns E-G

- For plans eligible for members 64 and younger enter '64' in the age column
- Entering '95' in the Age column represents ages 95 and older

	E	F	G
1	Policy Form Number	Age	Gender
2	ACIMSP10A	64 F	
3	ACIMSP10A	64 M	
4	ACIMSP10A	65 F	
5	ACIMSP10A	65 F	
6	ACIMSP10A	65 M	

Column Header	Description	Valid Values
PolicyForm Number	Form number should be the same as in Table 1	Max 75 characters
Age	Exact age for rating purposes	Valid Values are between '64' and '95'
Gender	Male or Female for rate basis	'M' or 'F'

Table 2: Columns H-J

- Enter risk classes “S” for “Standard” and “P” for “Preferred”
- Enter “NA” if Standard and Preferred classes are not used
- Annual premium should not include any discounts

	H	I	J
1	Smoking	Annual Premium	riskClass (S-Standard /P-Preferred)
2	N	2936	P
3	N	3376	P
4	N	2417	P
5	S	2685	S
6	N	2779	P

Column Header	Description	Data Entry Specification
Smoking	Smoking or non-smoking rate	Valid Values are ‘S’ or ‘N’
Annual Premium	Cost of Coverage for one person for one year in whole dollars without discounts	Premium must be rounded to the nearest dollar, with no decimals or dollar signs (\$)
RiskClass	Standard and Preferred risk classes, or a non-distinct risk class	Valid Values are ‘P’ and ‘S’, or ‘NA’

Annual/New/Correctional Data

Table 1: Data Elements for Annual/New/Correctional Medicare Supplement rate filing

Variable Name	Description/Instruction	Notes
CompanyCode	Five-digit NAIC Company Code	CompanyCode must exist in validation table
PolicyFormNumber	PolicyFormNumber	For a CORRECTION entry, the PolicyFormNumber must equal the PolicyFormNumber of an associated (same CompanyCode and PlanType) Active Plan in the Plan Table.
FilingDesignation	Designates if plan is Annual (A), New (N), or submission is to correct an existing active rate (C). VALUE A for ANNUAL RATE FILING VALUE N for NEW RATE FILING VALUE C for CORRECTION RATE FILING	Valid values are 'A', 'N', 'C'. When C – <ul style="list-style-type: none"> Active plan must exist for CompanyCode, PlanType, and PolicyFormNumber, and SERFFNumber
SERFFTrackingNumber	SERFF Tracking Number assigned when plan submitted.	Format of SERFF tracking number is 4 letters (usually indicating the company), a dash, and then 9 numbers. So ALLC-128914592 for example (Validate Format)

PlanType	VARCHAR 5- Required	Valid Values: A, B, C, D, F, FH, G, GH, K, L, M, N
----------	---------------------	---

Annual/New/Correctional Data

Table 1: Data Elements for Annual/New/Correctional Medicare Supplement rate filing

GroupInd	'G' or 'I' to indicate group or individual business	Valid Values: 'G' 'I'
OpenInd	'O', or 'C' to indicate opened or closed block of business	Valid values are 'O' and 'C'
AgeOffer	'All Ages' or '65 and older'	Valid values are: 64 and Younger All Ages 65 and Older
Eligibility	Free-form narrative describing conditions for coverage eligibility – i.e., 'AARP Member'.	This field can be blank. Display only if value is other than 'none'. Eligibility can change on an Annual Rate plan.

Annual/New/Correctional Data

Table 1: Data Elements for Annual/New/Correctional Medicare Supplement rate filing

EffectiveDate	Rate effective date (mm/dd/yyyy)	Valid effective date should be on or after approved date. This date can change in a correction filing.
EndDate	Rate end date (mm/dd/yyyy)	MUST be null
PreExWaitPeriod	Reported in months. 0 to 6 months are valid values.	Must be 0 to 6
ReqRate	Requested Rate Change	For Correction filing this value may be null
Phone	Best Phone number for insureds/applicants to call for information about the policy	10-digit phone number without dashes, may be left blank
WebSite	Company website address	Must be entered

Annual/New/Correctional Data

Table 2: Data Elements for Annual/New/Correctional Medicare Supplement rate filing

Variable Name	Description	Notes
CompanyCode	Five-digit NAIC Company Code	CompanyCode must exist in validation Table
SERFFTrackingNumber	SERFF Tracking Number assigned when plan submitted.	Format of SERFF tracking number is 4 letters (usually indicating the company), a dash, and then 9 numbers. So ALLC-128914592 for example
PlanType	Standardized plan letter – Valid values are A, B, C, D, F, FH, G, GH, K, L, M, and N	Table entries must match valid values exactly
ZipCode	Valid first three digits of Zip Code.	Valid values: <ul style="list-style-type: none"> 201, 205, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246
FIPSCode	Valid 5-digit Virginia FIPS codes	<ul style="list-style-type: none"> Must be 5-digit FIPS code
PolicyFormNumber	PolicyFormNumber	

Annual/New/Correctional Data

Table 2: Data Elements for Annual/New/Correctional Medicare Supplement rate filing

Age	Exact age, bounded by 64 (64 and lower) and 95 (95 and over)	Valid values 64 through 95
Gender	Gender Indicator – ‘M’ or ‘F’	Valid values ‘M’ and ‘F’
Smoking	Smoking Status – ‘S’ Smoking or ‘N’ non-smoking	Valid values ‘S’ and ‘N’
AnnualRate	Cost of coverage for one person for one year in whole dollars	Amount is rounded to nearest dollar with no decimals or dollar sign (\$)
RiskClass	P – Preferred S – Standard or non-preferred NA – Does not include Standard or Preferred risk classes	Valid values ‘P’ and ‘S’, or ‘NA’

Instructions for SERFF Upload

Please follow the instructions provided in the SERFF Medicare Supplement rate filing checklist for submitting this documentation as part of a rate filing.