

Large Group Contractholder Rate Change Filing Review Request

Section 10181.31 of the California Insurance Code (CIC)

Effective July 1, 2021, upon receiving notice of a rate change, a large group contract that has coverage that is experience rated in whole or blended can request the California Department of Insurance (CDI) to review a rate change. To apply for a review of a rate change for a particular group at least one of the following should apply:

- 1) The contractholder has more than 2,000 total enrollees (employees plus dependents).
- 2) A health insurer fails to provide any information required by Art. 4.5 (commencing with Section 10181) or Section 10181.10 of the CIC.

Please provide the following information, if contractholder would like to request CDI to review a rate change. Fields with an * are required.

Large Group Contractholder Information

Organization Name * (text)

Primary Contact Information

First Name * (text)

Last Name * (text)

Title * (text)

Phone Number * (numeric)

Email Address * (text)

Secondary Contact Information

First Name * (text)

Last Name * (text)

Title * (text)

Phone Number * (numeric)

Email Address * (text)

Provide the insurer this rate change filing review is covered.

(if you have more than one health policy please submit each health policy separately) *?

Coverage Effective Date *

(date)
Example: MM/DD/YYYY

Please enter the following information*

*	Group Number *	Product *	Proposed Rate Change *	Date of Large Group contractholder received notice of rate change *	Group Size *
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(text)

(text)

(numeric)

(date MM/DD/YYYY)

(numeric)

Total number is auto populated based on user input.

Please attach all documentations provided by health insurer to satisfy Section 10181.10.

Please include any documentation provided by health insurer or agent to the contractholder detailing the proposed rate change for upcoming plan year.

Please briefly describe any concerns/comments below (500 character limit).

Send to:

HealthRateReview@insurance.ca.gov