

CALIFORNIA CODE OF REGULATIONS

Title 10. Investment

Chapter 5. Insurance Commissioner

Subchapter 2. Policy Forms and Other Documents

Article 1. Document Submission and Approval Procedures; Fees

§ 2202. Documents to Be Submitted; Fees.

(a) The fees to be charged for the Commissioner's actions on documents submitted to him are determined according to the document classes below. The fees for each document class are set forth in the Fee Table in subsection (b).

(1) ("Health Insurance") Group, blanket or individual documents that include benefits contingent on hospital confinement or on medical or surgical treatment of sickness or injury or on diagnosis of sickness, whether provided on a stipulated benefit, indemnity or reimbursement basis, except where described more specifically in another subdivision; disclosure material required by Ins. C. § 10270.3.

This class of documents:

(A) Includes documents which also provide coverages described elsewhere in this Section, such as group documents providing life insurance in addition to "health" insurance coverage.

(B) Includes rates and risk classifications for individual "health" insurance policies.

(C) Includes small employer health insurance rating plans; lists of small employer health insurance benefit plan designs; lists of associations to which or through which small employer health insurance benefit plans are marketed and information pertaining thereto.

(D) Does not include documents providing only dental and/or vision coverage or documents providing only coverage for treatment of accidental injuries unless they are included with filings of documents that are not so limited.

(E) Does not include documents providing stop-loss coverage to self-insured plans or to providers in capitated plans.

(2) ("Group and Blanket Life and Non-health Disability") Blanket life and group life documents. Blanket disability, tuition refund and group disability documents, except where described more specifically in another subdivision. Documents providing stop-loss coverage to self-insured plans or to providers in capitated plans.

(3) ("Individual Disability, Non-health") Individual disability documents and rates and risk classifications therefor, except where described more specifically in another subdivision.

(4) ("Medicare Supplement")

(A) Group or individual documents providing Medicare supplement coverage.

(B) Documents advertising Medicare supplement coverage.

(C) Rate filings and filings of experience under previously-approved Medicare supplement insurance rate schedules demonstrating compliance with loss ratio standards for in-force policies.

(D) Other filings with the Commissioner related to the marketing or rating of Medicare supplement insurance as required by law.

(5) ("Long-term Care")

(A) Group or individual documents providing "long-term care insurance" as defined in Ins. C. § 10231.2.

(B) Rates and risk classifications for individual policies.

(C) Documents demonstrating compliance with Ins. C. §§ 10231.6(c) and 10232(b).

(D) Documents advertising long-term care insurance.

(E) Other filings with the Commissioner related to the marketing or rating of long-term care insurance as required by law.

(6) ("Credit Life and Disability")

(A) Credit life and/or disability documents which are non-standard or are required to be approved pursuant to §§ 2249.2 or 2249.5 of this Chapter.

(B) Voluntary downward deviated rates; renewal of previously-approved upward deviated rates and actuarially equivalent rates; upward deviated rates and mandatory downward deviated rates.

(7) ("Supplemental Life Benefits") Individual life or individual or group annuity documents with provisions which:

(A) Provide additional benefits in the case of death by accident or operate to safeguard such contracts against lapse, give a special surrender value, special benefit or an annuity if the insured or annuitant becomes disabled.

(B) ("Accelerated Benefits") Accelerate the payment of life insurance benefits on an annuity or lump-sum basis or waive annuity surrender or withdrawal charges

contingent upon the life insured's or annuitant's catastrophic injury or illness. Applications reflecting any additional underwriting criteria for issue of such provisions.

(C) Provide long-term care benefits funded by reducing life insurance benefits otherwise payable or by waiving annuity withdrawal charges. Applications reflecting any additional underwriting criteria for issue of such provisions.

(8) ("Variable Life and Annuities") Group and individual variable annuity documents. Group and individual variable life insurance documents.

(9) ("Fraternal") Fraternal benefit society disability documents except where described more specifically in another subdivision.

(10) Workers' compensation insurance forms. Workers' compensation rates shall be filed as provided for in § 2509.30. et seq, of this Chapter.

(11) Every document, including documents attached thereto or incorporated therein, which pertains to coverages defined in Ins. C. §§ 101, 106 and 109, which is required to be approved or filed and for which no fee is otherwise provided.

(12) "Life Insurance Policies and Annuity Contracts Subject to Nonforfeiture Laws") Life insurance documents subject to Ins. C. § 10163.35 which do not fall within other more specific categories of this section. Annuity documents subject to Ins. C. § 10168.93 which do not fall within other more specific categories of this section. Filings of these documents are exempt from §§ 2203, 2205 and 2208 through 2218.10.

(13) ("Grants and Annuities") Annuity contracts of grants and annuities societies. See Ins. C. § 11522 to compute fees for more than 10 documents filed within a calendar quarter. Filings of these documents are exempt from §§ 2203, 2205 and 2208 through 2218.10.

(14) ("Reciprocal or Inter-insurance Exchanges")

(A) Powers of attorney and amendments and revisions thereto of reciprocal or inter-insurance exchanges. Filings of these documents are exempt from §§ 2203, 2205 and 2208 through 2218.10.

(B) Documents required to be filed with the Commissioner under subdivisions (b), (c) and (d) of Ins. C. § 1320 shall be subject to these regulations as if they were being submitted by stock insurers.

(15) Articles of incorporation, constitutions and by-laws of fraternal benefit societies and amendments thereto or revisions thereof. Filings of these documents are exempt from §§ 2203, 2205 and 2208 through 2218.10.

(16) Motor club service contracts: Original service contract, including application and membership card. (See Ins. C. § 12168 for fees for amended contracts, applications and membership cards.) Filings of these documents are exempt from §§ 2203, 2205 and 2208 through 2218.10.

(b) Fee Table:

Sub-division of § 2202(a)	Policy	Certificate	Rider Insert Page	Text Cell	Application	Enrollment Form	New Issue Rates	Rate Increases*	See Note Below	Other Forms
(1)	2,030 <u>4,420</u>	1,020 <u>2,210</u>	460 <u>990</u>	110 <u>230</u>	630 <u>1,370</u>	110 <u>230</u>	460 <u>990</u>	600 <u>1,300</u>	1	460 <u>990</u>
(2)	1,160 <u>2,510</u>	600 <u>1,300</u>	210 <u>460</u>	110 <u>230</u>	460 <u>990</u>	110 <u>230</u>	NA	NA		210 <u>460</u>
(3)	2,030 <u>4,420</u>	NA	460 <u>990</u>	110 <u>230</u>	460 <u>990</u>	110 <u>230</u>	460 <u>990</u>	600 <u>1,300</u>		460 <u>990</u>
(4)	1,160 <u>2,510</u>	600 <u>1,300</u>	210 <u>460</u>	110 <u>230</u>	460 <u>990</u>	110 <u>230</u>	460 <u>990</u>	460 <u>990</u>	2	210 <u>460</u>
(5)	2,030 <u>4,420</u>	1,020 <u>2,210</u>	460 <u>990</u>	110 <u>230</u>	630 <u>1,370</u>	110 <u>230</u>	460 <u>990</u>	600 <u>1,300</u>	3	460 <u>990</u>
(6)	600 <u>1,300</u>	600 <u>1,300</u>	280 <u>610</u>	110 <u>230</u>	460 <u>990</u>	110 <u>230</u>	See Note 4			280 <u>610</u>
(7)	(A): 210 <u>460</u>		(B): 210 <u>460</u>		(C): Documents: 700 <u>1,520</u> ; Applications: 630 <u>1,370</u>					210 <u>460</u>
(8)	1,160 <u>2,510</u>	600 <u>1,300</u>	210 <u>460</u>	110 <u>230</u>	460 <u>990</u>	110 <u>230</u>	NA	NA		210 <u>460</u>
(9)	NA	1,470 <u>3,200</u>	350 <u>760</u>	110 <u>230</u>	350 <u>760</u>	110 <u>230</u>	NA	NA	5	350 <u>760</u>
(10)	460 <u>990</u>	110 <u>230</u>	110 <u>230</u>	110 <u>230</u>	NA	NA	See § 2509.30 et seq.			110 <u>230</u>
(11)	210 <u>460</u>									

(12)	Individual Life Policies, Annuity Contracts, and Group Annuity Certificates: 1,190 <u>1,380</u>	Riders and Insert Pages: 320 <u>200</u>
(13)	210 <u>60</u> (See Ins. C § 11522 when more than 10 documents are filed within a calendar quarter.)	
(14)(A)	350 <u>760</u>	
(15)	180 <u>380</u>	
(16)	840 <u>1,830</u>	

NOTES

- * Per experience group.
- 1 Small employer health insurance rating plans: \$ ~~460~~ 1,000 per submission. Lists of small employer health insurance benefit plan designs; lists of associations to which or through which small employer health insurance benefit plans are marketed and information pertaining thereto: \$ ~~210~~ 460 per list or amendment thereto.
- 2 Filings of experience under previously-approved Medicare supplement insurance rate schedules demonstrating compliance with loss ratio standards for in-force policies: \$ ~~280~~ 610 per experience group. Documents advertising Medicare supplement insurance. \$ ~~210~~ 460 per advertisement.
- 3 Documents demonstrating compliance with Ins. C. §§ 10231.6(c) and 10232(b). \$ ~~350~~ 760 per association. Documents advertising long-term care insurance. \$ ~~210~~ 460 per advertisement.
- 4 Voluntary downward deviated rates: \$ ~~110~~ 240 per experience group. Actuarially equivalent rates: \$ ~~350~~ 760 per experience group. Upward deviated rates and mandatory downward deviated rates: \$ ~~700~~ 1,530 per experience group. Renewal of previously-approved upward deviated rates and mandatory downward deviated rates: \$ ~~350~~ 760 per experience group.
- 5 Long-term care benefits funded by reducing life insurance benefits or by waiving annuity withdrawal charges: \$ ~~700~~ 1,530 per document. Applications with additional underwriting criteria for such long-term benefits: \$ ~~630~~ 1,370 per application.

(c) "Minimum Fee." A minimum fee of \$ ~~280~~ 610 shall be charged for each submission for which one Document Submission Form is included or for which one filing fee invoice is prepared.

(d) "Change of Company Name or Merger." Where an insurer changes its name or merges into another insurer and previously filed or approved documents are revised to reflect such name change or the name of the merger survivor (and address and company officers, as applicable) and no other changes whatsoever are made in such documents, the insurer or merger survivor shall submit a Document Submission Formset listing such documents in lieu of submitting the revised documents. The Document Submission Formset shall be accompanied by a cover letter signed by an executive officer of the insurer or merger survivor showing the previous approval dates of the documents and attesting that no changes have been made to them other than to the insurer's name (and address and company officers, as applicable). The fee shall be \$ ~~350~~ 760 per submission.

Previously filed or approved documents which are revised only to reflect a change in home office address or company officers need not be submitted.

(e) The Commissioner may increase or decrease the fees established in this Article by issuing a Bulletin setting forth the modified fees at least 90 days prior to their effective date. The Commissioner shall not issue more than one such Bulletin in a fiscal year. Any fee increases or decreases made pursuant to this subdivision shall be by a uniform percentage for all fees established in this Article rounded to the next ten dollars, except that the Commissioner may establish a different ~~uniform~~ percentage changes for all documents described in subdivisions (1) through (11) of Section 2202(a), except for subdivision (4)(D); for all documents described in subdivisions (4)(D), (12) and (13) of Section 2202(a); or for all documents described in subdivisions (14) through (16) of Section 2202(a). if the Commissioner determines that a uniform percentage change is not appropriate with respect to any document class.

Any fee changes made pursuant to this subdivision shall not, in conjunction with other moneys received or projected to be received for the unit or units processing the documents subject to such fees, exceed the respective amounts calculated by the Department's Budget Office as necessary to cover all direct and indirect costs of the unit or units for the next succeeding fiscal year. Where moneys received or projected to be received for the unit or units processing the documents subject to such fees are insufficient to meet the respective amounts calculated by the Department's Budget Office as necessary to cover all direct and indirect costs of the unit or units during the then current fiscal year, any fee increases made during the then current fiscal year

shall not, in conjunction with those moneys, exceed the amounts calculated by the Budget Office.

Note: Authority cited: Sections 742.43, 779.21, 10168.92, 10192.3, 10234, 10327, 10506, 10506.3, 10704 and 12973.9, California Insurance Code. Reference: Sections 742.42, 779.8, 795.5, 1320, 9080.1, 10112.5, 10163.35, 10168.93, 10192.15, 10192.19, 10205, 10225, 10231.2, 10231.6, 10232, 10233.9, 10234.9, 10234.93, 10234.97, 10236.11, 10236.13, 10270, 10270.1, 10270.2, 10270.3, 10270.5, 10270.507, 10270.57, 10270.9, 10270.93, 10290, 10292, 10436, 10506, 10705, 10717, 11011, 11027, 11029, 11066, 11069, 11522, 11658 and 12250, California Insurance Code.

