

State:

North Carolina

Filing Company:

AmeriHealth Caritas North Carolina, Inc.

TOI/Sub-TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name:

PY2026 AmeriHealth Caritas North Carolina - Rate Filing

Project Name/Number:

/

Table of Contents

User Usage Agreement Attachments

Usage Agreement

[Usage Agreement.pdf](#)

Supporting Document Attachments (ex. Supporting Document Name Attachment Name)

| | |
|---|---|
| PY 2026 Trade Secret Cover Letter | 2026 NC Trade Secret Cover Letter 5-16-25 FINAL.pdf |
| Actuarial Certification Statement | NC Actuarial Certification SIGNED 5-30-25.pdf |
| <i>PY2026 Financial Forecast Template</i> | NC - Financial Forecast Template MedicaidMedicare and Exchange - Submisison file 7.30.2025.xlsx |

State: North Carolina **Filing Company:** AmeriHealth Caritas North Carolina, Inc.
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Filing at a Glance

Company: AmeriHealth Caritas North Carolina, Inc.
Product Name: PY2026 AmeriHealth Caritas North Carolina - Rate Filing
State: North Carolina
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005D Individual - HMO
Filing Type: 2026 Plan Year ACA Single-Risk Pool Rate Filing
Date Submitted: 05/14/2025
SERFF Tr Num: AHCR-134525997
SERFF Status: Closed-(RAP)Rate Approval
State Tr Num: AHCR-134525997
State Status: (RAP)Rate Approval
Co Tr Num: PY26 NC RATES

Effective: 01/01/2026
Date Requested:
Author(s): Maureen Bonnes, Rhonda Price, Bobbi Cole, Cynthia Faison, Kimberly Fennell
Reviewer(s): Mary Jo Wegenast (primary), Becky Thornton, Pat Lee, Mike Wells, Heir Cooper
Disposition Date: 08/13/2025
Disposition Status: (RAP)Rate Approval
Effective Date: 01/01/2026

State: North Carolina
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO
Product Name: PY2026 AmeriHealth Caritas North Carolina - Rate Filing
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General Information

Project Name: Status of Filing in Domicile: Not Filed
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: We are domiciled in the State of NC.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type: Individual
Overall Rate Impact: Filing Status Changed: 08/13/2025
State Status Changed: 08/13/2025
Deemer Date: Created By: Rhonda Price
Submitted By: Kimberly Fennell Corresponding Filing Tracking Number: AHCR-134502550
PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

We are submitting for your review and approval the NC Individual Marketplace PY2026 Rates and Rate Data. The Rates are associated to the Policy and Forms filed under SERFF tracking no. AHCR-134502550, submitted on May 13, 2025 currently pending the NC DOI's review and approval. In addition, you will find the URR Template and supporting documents within the URR Section as well as, the required Attestations, Certifications and Actuarial documents located within the Supporting Documentation Section.

Thank you in advance for your review and approval. If you have any questions or wish to discuss, feel free to contact me.

Kimberly Fennell
Submission Lead
kfennell@amerihealthcaritas.com

Company and Contact

Filing Contact Information

Kimberly Fennell, kfennell@amerihealthcaritas.com
3875 West Chester Pike 614-874-1639 [Phone]
Newtown Square, PA 19073

Filing Company Information

| | | |
|--|---------------------------------------|-----------------------------------|
| AmeriHealth Caritas North Carolina, Inc. | CoCode: 16539 | State of Domicile: North Carolina |
| 8041 Arco Corporate Park | Group Code: 936 | Company Type: |
| Raleigh, NC 27617 | Group Name: Independence Health Group | State ID Number: |
| (215) 937-8000 ext. [Phone] | FEIN Number: 83-1481671 | |

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Filing Fees

State Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State Specific

Please Review General Filing Instructions For North Carolina Before Transmittal or Component Headers Are Completed:
Reviewed and Agree To Requirements

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------------------|------------------|------------|----------------|
| (RAP)Rate Approval | Mary Jo Wegenast | 08/13/2025 | 08/13/2025 |

| | | | |
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Disposition

Disposition Date: 08/13/2025

Effective Date: 01/01/2026

Status: (RAP)Rate Approval

HHS Status: Not Reported

State Review: Reviewed by Actuary

Comment: Based upon the Department's review and analysis of the above captioned submission, the rate filing is found to meet the applicable standards for a non-grandfathered ACA-compliant single-risk pool rate filing submission. Therefore, pursuant to authority granted under state law, the revised rates are approved for use in this State as of the date of this communication. Rates are approved for new issue or renewal effective dates on or between January 1, 2026 and December 31, 2026. These premium rates are guaranteed to the policyholder for twelve (12) months from the new issue or renewal date of the policy as provided in state law.

As required by federal regulation, NCDOL will make a uniform, public release of the final approved change in rates for all 2026 plan year non-grandfathered ACA-compliant annual single-risk pool rate filing submissions no later than the first day of open enrollment in the individual market, i.e., November 1, 2025. Should the Department choose an earlier uniform release date, prior notification of the release will be provided to impacted insurers as well as CMS/CCIIO.

Records retained by the Department may include filing history and materials revised during the review process, some of which may have been filed as trade secret confidential under state law.

Because the company has marked the Company Rate Information located on the Rate/Rule Schedule as confidential/trade secret, as permitted under G.S § 132-1.2 and as defined in NCGS § 66-152(3), this approval/acceptance does not contain that information. You will receive through a protected Note to Filer in SERFF a private approval/acceptance of this rate filing. That communication will reference the information contained on the Rate/Rule Schedule and include specific approval/acceptance of percentage changes in rates. Insurers should retain both the public and private communication as record of the Departments action.

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|----------|----------------------------------|----------------------|---------------|
| Rate | PY26 Evidence of Coverage | | Yes |
| Rate | EOC PY23 Amendment | | Yes |
| Rate | EOC PY25 Amendment | | Yes |
| Rate | EOC PY22 Evidence of Coverage | | Yes |
| URRT | Consumer Justification Narrative | | Yes |
| URRT | Other Supporting Documents | | Yes |

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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|------------------------------------|----------------------|---------------|
| Supporting Document | PY 2026 Trade Secret Cover Letter | | Yes |
| Supporting Document | Actuarial Certification Statement | | Yes |
| Supporting Document | PY2026 Financial Forecast Template | | Yes |
| Supporting Document | PY2026 Financial Forecast Template | | Yes |
| Supporting Document | PY2026 Financial Forecast Template | | Yes |

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Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|-------------------------------|--|-------------|--|-------------|
| 1 | | PY26 Evidence of Coverage | ACNC Ind NC PY26 - EOC - 20250506 | Revised | Previous State Filing Number: AHCR-134502550 Percent Rate Change Request: | |
| 2 | | EOC PY23 Amendment | ACNC Ind NC PY23 - EOC Amendment - 20230504 v1 | Revised | Previous State Filing Number: AHCR-133255666 Percent Rate Change Request: | |
| 3 | | EOC PY25 Amendment | ACNC Inc NC PY25 - EOC Amendment - 20240504 v1 | Revised | Previous State Filing Number: AHCR-134073838 Percent Rate Change Request: | |
| 4 | | EOC PY22 Evidence of Coverage | ACNC Ind NC PY22 - EOC - 20210430 | New | | |

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URRT

State Determination

| | |
|-------------------------|---|
| Review Status: | Complete |
| Determination: | Not Unreasonable |
| Comments: | <p>The North Carolina Department of Insurance (NCDOI) has determined that the approved rate increases are not unreasonable, satisfy all requirements of North Carolina and other Federal law and that the approved rates are adequate not excessive, and not unfairly discriminatory The overall average threshold rate revision is equal to plus 36.40%. At the plan level, the rate revisions vary from plus 28.8% up to plus 40.3% All 8 renewing plans ON Exchange have rate increases which exceed the plus15% threshold NCDOIs decision was based upon the following: The base period historical data used by the company underlying the proposed rate increase is the North Carolina individual experience for January 1 2024 through December 31 2024 The filing complies with North Carolina laws and regulations other Federal laws, and applicable Actuarial Standards of Practice. The benefits provided are reasonable in relation to the approved premiums charged. The insurers assumptions used in projecting costs are reasonable, including annual trend assumptions. The approved rate increase is not unreasonable based upon the expected claim payments, administrative expenses, and margin. The N.C. individual medical loss ratio is expected to exceed an 80% Federal MLR. NCDOIs determination included consideration of the following factors, as applicable: Past claims experience Increased morbidity resulting from regulatory changes Previously approved historical rate increases Medical unit cost trend changes Changes in utilization of services (i.e., hospital care, pharmaceuticals, doctors office visits) Trend leveraging Changes in statewide market risk profile Changes in enrollee risk profile Changes to benefit plan design Changes to induced utilization factors Rev. 6-21-12 Changes to provider network factors and delivery system changes Changes to geographic area factors Risk Adjustment Impact of over or under-estimate of medical trend in previous years on the current rate Reserve needs Administrative costs related to programs that improve health care quality Other administrative costs Applicable taxes, licensing or regulatory fees including Exchange user fees Medical loss ratio The insurers capital and surplus Other factors</p> |
| Review Submission Date: | 08/13/2025 |

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|-----------------------------|--|--------------------------|--|----------------------------|---------------|
| SERFF Tracking #: | AHCR-134525997 | State Tracking #: | AHCR-134525997 | Company Tracking #: | PY26 NC RATES |
| State: | North Carolina | Filing Company: | AmeriHealth Caritas North Carolina, Inc. | | |
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URRT Items

| Item Name | Attachment(s) |
|----------------------------------|---------------|
| Consumer Justification Narrative | |
| Other Supporting Documents | |

| | | | |
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Supporting Document Schedules

| | |
|--------------------------|---|
| Satisfied - Item: | PY 2026 Trade Secret Cover Letter |
| Comments: | |
| Attachment(s): | 2026 NC Trade Secret Cover Letter 5-16-25 FINAL.pdf |
| Item Status: | |
| Status Date: | |

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|--------------------------|---|
| Satisfied - Item: | Actuarial Certification Statement |
| Comments: | |
| Attachment(s): | NC Actuarial Certification SIGNED 5-30-25.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|---|
| Satisfied - Item: | PY2026 Financial Forecast Template |
| Comments: | Per the Objection from 7-29 and the Rate Refile (7-30), the current version of the Financial Forecast Template is attached below. |
| Attachment(s): | NC - Financial Forecast Template MedicaidMedicare and Exchange - Submisison file 7.30.2025.xlsx |
| Item Status: | |
| Status Date: | |

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| Creation Date | Schedule Item Status | Schedule | Schedule Item Name | Replacement Creation Date | Attached Document(s) |
|---------------|----------------------|---------------------|------------------------------------|---------------------------|--|
| 07/24/2025 | | Supporting Document | PY2026 Financial Forecast Template | 07/30/2025 | NC - Financial Forecast Template MedicaidMedicare and Exchange - Submisison file 7.24.2025.xlsx (Superceded) |
| 06/16/2025 | | Supporting Document | PY2026 Financial Forecast Template | 07/24/2025 | NC - Financial Forecast Template MedicaidMedicare an.xlsx (Superceded) |