State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South

Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

**Product Name:** 2026 WSD IFP ACA Rate Filing **Project Name/Number:** 2026 WSD Individual ACA Filing/

### **Table of Contents**

**User Usage Agreement Attachments** 

Usage Agreement.pdf

Usage Agreement.pdf

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South

Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

**Product Name:** 2026 WSD IFP ACA Rate Filing **Project Name/Number:** 2026 WSD Individual ACA Filing/

Filing at a Glance

Company: Wellmark Blue Cross and Blue Shield of South Dakota

Product Name: 2026 WSD IFP ACA Rate Filing

State: South Dakota

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005D Individual - EPO

Filing Type: Rate

Date Submitted: 05/28/2025

SERFF Tr Num: WMIA-134535813 SERFF Status: Closed-Approved

State Tr Num:

State Status: Approved

Co Tr Num:

Effective 01/01/2026

Date Requested:

Author(s): Ally Millmier, Garrett Pavey

Reviewer(s): Jeff Smith (primary), Nicholas Ramey, Clair Christofersen

Disposition Date: 08/12/2025
Disposition Status: Approved
Effective Date: 01/01/2026

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South

Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

**Product Name:** 2026 WSD IFP ACA Rate Filing **Project Name/Number:** 2026 WSD Individual ACA Filing/

**General Information** 

Project Name: 2026 WSD Individual ACA Filing

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval Domicile Status Comments: Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission Individual Market Type: Individual

Overall Rate Impact: 1.2% Filing Status Changed: 08/12/2025

State Status Changed: 08/12/2025

Deemer Date: Created By: Garrett Pavey

Submitted By: Ally Millmier Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: These products are ACA-compliant products which will be sold

and renewed with effectives dates of January 1, 2026 and beyond. These products are available both on and off the Exchange. As such, the products are fully ACA-compliant in

both benefits and rates.

Filing Description:

These products are ACA-compliant products which will be sold and renewed with effectives dates of January 1, 2026 and beyond. These products are available both on and off the Exchange. As such, the products are fully ACA-compliant in both benefits and rates.

## **Company and Contact**

**Filing Contact Information** 

Ally Millmier, millmieram@wellmark.com 1331 Grand Ave. 515-376-6387 [Phone]

Des Moines, IA 50309

**Filing Company Information** 

Wellmark Blue Cross and Blue CoCode: 60128 State of Domicile: South

Shield of South Dakota Group Code: 770 Dakota

1601 W. Madison Street Group Name: Company Type: Health

Sioux Falls, SD 57104 FEIN Number: 42-1459204 State ID Number:

(605) 373-7217 ext. [Phone]

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South

Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

**Product Name:** 2026 WSD IFP ACA Rate Filing **Project Name/Number:** 2026 WSD Individual ACA Filing/

# **Filing Fees**

#### **State Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

# **Correspondence Summary**

**Dispositions** 

Status	Created By	Created On	Date Submitted
Approved	Jeff Smith	08/12/2025	08/12/2025

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

## **Disposition**

Disposition Date: 08/12/2025 Effective Date: 01/01/2026

Status: Approved

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Wellmark Blue Cross and Blue Shield of South Dakota	Increase	1.200%	1.200%	\$876,230	6,233	\$73,019,202	8.900%	-7.800%

**Percent Change Approved:** 

Minimum: -7.800%
Maximum: 8.900%
Weighted Average: 1.200%

Schedule	Schedule Item	Schedule Item Status	<b>Public Access</b>
Rate	Rate Table Template		Yes
URRT	Unified Rate Review Template		Yes
URRT	Actuarial Memorandum - Redacted		Yes
Supporting Document	Actuarial Memorandum (LAH)		Yes
Supporting Document	Redlines		Yes

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

#### **Rate Information**

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 5.300%

Effective Date of Last Rate Revision: 01/01/2025
Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: WMIA-134123322

### **Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd)	Minimum % Change : (where req'd):
Wellmark Blue Cross and Blue Shield of South Dakota	Increase	1.200%	1.200%	\$876,230	6,233	\$73,019,202	8.900%	-7.800%

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South

Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

**Product Name:** 2026 WSD IFP ACA Rate Filing **Project Name/Number:** 2026 WSD Individual ACA Filing/

#### **Rate Review Detail**

**COMPANY:** 

Company Name: Wellmark Blue Cross and Blue Shield of South Dakota

HHS Issuer Id: 50305

#### **PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Wellmark of South Dakota	50305SD031		9575

Trend Factors:

**FORMS:** 

New Policy Forms: Affected Forms:

Other Affected Forms: Wellmark of South Dakota

**REQUESTED RATE CHANGE INFORMATION:** 

Change Period: Annual
Member Months: 127,182
Benefit Change: Increase

Percent Change Requested: Min: -7.8 Max: 8.9 Avg: 1.2

**PRIOR RATE:** 

Total Earned Premium: 73,019,202.00
Total Incurred Claims: 51,269,972.00

Annual \$: Min: 821.36 Max: 821.36 Avg: 821.36

**REQUESTED RATE:** 

Projected Earned Premium: 73,895,433.00 Projected Incurred Claims: 53,671,180.00

Annual \$: Min: 757.30 Max: 894.46 Avg: 831.22

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

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Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Table Template		New		PY2026RatesTableTe mplate_SD_Ind_hardc oded.xls,

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

## **URRT**

#### **State Determination**

Review Status:	Complete
Determination:	Rate Filing Accepted
Review Submission Date:	08/12/2025

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

## **URRT Items**

Item Name	Attachment(s)
Unified Rate Review Template	UnifiedRateReviewSubmission_IndSD_2025052273233.xml
Actuarial Memorandum - Redacted	WSDIndividualPartIIIActuarialMemorandum2026Redacted.pdf

State: South Dakota Filing Company: Wellmark Blue Cross and Blue Shield of South Dakota

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005D Individual - EPO

Product Name:2026 WSD IFP ACA Rate FilingProject Name/Number:2026 WSD Individual ACA Filing/

# **Supporting Document Schedules**

Satisfied - Item:	Actuarial Memorandum (LAH)
Comments:	
Attachment(s):	WSDIndividualPartIIIActuarialMemorandum2026Redacted.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Redlines
Bypass Reason:	NA NA
Attachment(s):	
Item Status:	
Status Date:	