

State:

Texas

Filing Company:

Molina Healthcare of Texas, Inc.

TOI/Sub-TOI:

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

Product Name:

PY 2026 MHT Marketplace - Rates

Project Name/Number:

/

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User Usage Agreement
Attachments

Usage Agreement

[Usage Agreement.pdf](#)

| | | | |
|-----------------------------|--|------------------------|----------------------------------|
| State: | Texas | Filing Company: | Molina Healthcare of Texas, Inc. |
| TOI/Sub-TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO | | |
| Product Name: | PY 2026 MHT Marketplace - Rates | | |
| Project Name/Number: | / | | |

Filing at a Glance

| | |
|---------------------|--|
| Company: | Molina Healthcare of Texas, Inc. |
| Product Name: | PY 2026 MHT Marketplace - Rates |
| State: | Texas |
| TOI: | HOrg02I Individual Health Organizations - Health Maintenance (HMO) |
| Sub-TOI: | HOrg02I.005D Individual - HMO |
| Filing Type: | Rate |
| Date Submitted: | 06/12/2025 |
| SERFF Tr Num: | MOTX-134519334 |
| SERFF Status: | Closed-Reviewed |
| State Tr Num: | MOTX-134519334 |
| State Status: | AA-ACTUARY APPROVAL |
| Co Tr Num: | |
| Effective | 01/01/2026 |
| Date Requested: | |
| Author(s): | Jessica Quintero, Andrea Clark, Cristina Rodriguez, Yabana Mora-Perez, Genesis Bravo, Barbara Tait, Melissa Saiz |
| Reviewer(s): | Hector Garza (primary), Dewayne Matthews, R. Michael Markham, Bing Wu, Chonlada Pongpipattanachai |
| Disposition Date: | 08/13/2025 |
| Disposition Status: | Reviewed |
| Effective Date: | |

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General Information

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|--|--|
| Project Name: | Status of Filing in Domicile: Not Filed |
| 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: | Filing Status Changed: 08/13/2025 |
| | State Status Changed: 08/13/2025 |
| Deemer Date: 08/12/2025 | Created By: Cristina Rodriguez |
| Submitted By: Cristina Rodriguez | Corresponding Filing Tracking Number: |
| | State TOI: TXL.AH.11 AH - HMO |
| State Sub-TOI: TXL.AH.11 AH - HMO | |
| | PPACA: Non-Grandfathered Immed Mkt Reforms |
| PPACA Notes: null | |
| Exchange Intentions: | Rates filing for PY 2026 Marketplace |
| Filing Description: | |
| PY 2026 Rates Filing for Marketplace. | |

Company and Contact

Filing Contact Information

| | |
|--|---|
| Rodriguez Cristina, Director, Government Contracts | cristina.rodriguez@molinahealthcare.com |
| 200 Oceangate | 562-912-6852 [Phone] |
| Long Beach, CA 90802 | |

Filing Company Information

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|----------------------------------|-------------------------|--------------------------|
| Molina Healthcare of Texas, Inc. | CoCode: 10757 | State of Domicile: Texas |
| 1660 N. Westridge Circle | Group Code: | Company Type: Health |
| Irving, TX 75038 | Group Name: | State ID Number: |
| (281) 676-2285 ext. [Phone] | FEIN Number: 20-1494502 | |

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Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation: Rate Filings: \$100.00
Per Company: No

| Company | Amount | Date Processed | Transaction # |
|----------------------------------|----------|---------------------|---------------|
| Molina Healthcare of Texas, Inc. | \$100.00 | 06/12/2025 12:01 PM | 318371283 |

EFT Total **\$100.00**

State Specific

1. Is this a Consumer Choice Plan? Yes, No, or N/A: Yes - CC, V, DV and No - SM
2. Is this filing submitted simultaneously with another filing? Yes or No. If so, attach a list under Supporting Documentation.: No
3. Will the form(s) in this submission be used with previously approved, exempted, forms or rates? Yes or No. If yes, attach a list under Supporting Documentation.: No
4. Was this submission previously disapproved, withdrawn, or rejected? If yes, update Corresponding Filing Tracking Number field.: No
5. Is this filing related to the COVID-19 pandemic? Yes or No: No
6. If submitting a life insurance policy, will the policy be illustrated? Yes or No or N/A: N/A
7. Will the filed forms be used in the prepaid funeral market? Yes, No, or N/A.: N/A

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| Project Name/Number: | / | | | | |

URRT

State Determination

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|--------------------------------|---|
| Review Status: | Complete |
| Determination: | Not Unreasonable |
| Comments: | In accordance with 28 TAC 3.7, this disposition is Notice of Department Action. |
| Review Submission Date: | 08/13/2025 |

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|-----------------------------|--|--------------------------|----------------------------------|----------------------------|--|
| SERFF Tracking #: | MOTX-134519334 | State Tracking #: | MOTX-134519334 | Company Tracking #: | |
| State: | Texas | Filing Company: | Molina Healthcare of Texas, Inc. | | |
| TOI/Sub-TOI: | HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO | | | | |
| Product Name: | PY 2026 MHT Marketplace - Rates | | | | |
| Project Name/Number: | / | | | | |

Supporting Document Schedules

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|--------------------------|--|
| Satisfied - Item: | HMO Transmittal Checklist and Certification Form |
| Comments: | |
| Attachment(s): | 45786_TX_Rate_Transmittal_Checklist_06.11.2025.pdf |
| Item Status: | RV-REVIEWED |
| Status Date: | 08/13/2025 |

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|--------------------------|---|
| Satisfied - Item: | Cover Letter |
| Comments: | |
| Attachment(s): | 45786_TX_Rates_CoverLetter_06.09.2025.pdf |
| Item Status: | RV-REVIEWED |
| Status Date: | 08/13/2025 |