



**State:** Texas **Filing Company:** Wellpoint Insurance Company  
**TOI/Sub-TOI:** HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO  
**Product Name:** Wellpoint Insurance Company Individual Rate Filing Effective 1-1-2026  
**Project Name/Number:** /

## Filing at a Glance

Company: Wellpoint Insurance Company  
Product Name: Wellpoint Insurance Company Individual Rate Filing Effective 1-1-2026  
State: Texas  
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
Sub-TOI: HOrg02I.005D Individual - HMO  
Filing Type: Rate  
Date Submitted: 06/11/2025  
SERFF Tr Num: ATEM-134504379  
SERFF Status: Closed-Reviewed  
State Tr Num: ATEM-134504379  
State Status: AA-ACTUARY APPROVAL  
Co Tr Num:  
  
Effective: 01/01/2026  
Date Requested:  
Author(s): Aaron Kohn, Kale Gerstner, Janelle Milner, Mindy Bishop, Anna Kowalski  
Reviewer(s): Hector Garza (primary), R. Michael Markham, Dewayne Matthews, Bing Wu, Chonlada Pongpipattanachai  
  
Disposition Date: 08/13/2025  
Disposition Status: Reviewed  
Effective Date: 01/01/2026

**State:** Texas **Filing Company:** Wellpoint Insurance Company  
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## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:

Deemer Date: 08/11/2025  
Submitted By: Aaron Kohn

State Sub-TOI: TXL.AH.11 AH - HMO

PPACA Notes: null  
Exchange Intentions:

Filing Description:

This rate filing is for Wellpoint Insurance Company's HMO/POS product rates in the Individual market for calendar year 2026.

## Company and Contact

### Filing Contact Information

Janelle Milner, Director & Actuary  
700 BROADWAY  
DENVER, CO 80273

Janelle.Milner@elevancehealth.com  
303-831-2194 [Phone]

### Filing Company Information

Wellpoint Insurance Company  
3800 Buffalo Speedway  
Suite 400  
Houston, TX 77098  
(713) 218-5100 ext. [Phone]

CoCode: 14078  
Group Code:  
Group Name:  
FEIN Number: 45-2485907

State of Domicile: Texas  
Company Type:  
State ID Number:

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Individual  
Individual Market Type: Individual  
Filing Status Changed: 08/13/2025  
State Status Changed: 08/13/2025  
Created By: Aaron Kohn  
Corresponding Filing Tracking Number:  
State TOI: TXL.AH.11 AH - HMO

PPACA: Non-Grandfathered Immed Mkt Reforms

The following form numbers are intended to be sold On  
Exchange: TX\_ON\_HIX\_POS\_01-26, TX\_ON\_HIX\_HMO\_01-  
26

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## Filing Fees

### State Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Rate Filing Fee  
Per Company: No

Company	Amount	Date Processed	Transaction #
Wellpoint Insurance Company	\$50.00	06/11/2025 01:37 PM	318282956

**EFT Total** **\$50.00**

### State Specific

1. Is this a Consumer Choice Plan? Yes, No, or N/A: Yes
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

<b>SERFF Tracking #:</b>	ATEM-134504379	<b>State Tracking #:</b>	ATEM-134504379	<b>Company Tracking #:</b>	
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Reviewed	Chonlada Pongpipattanachai	08/13/2025	08/13/2025

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Disposition

Disposition Date: 08/13/2025  
Effective Date: 01/01/2026  
Status: Reviewed

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HHS Status: Not Reported  
State Review: Reviewed by Actuary

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Comment: In accordance with 28 TAC 3.7, this disposition is Notice of Department Action.

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:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Wellpoint Insurance Company	Increase	31.220%	31.220%	\$6,678,725	37,183	\$21,392,458	36.650%	18.010%

Percent Change Approved:

Minimum:	18.010%
Maximum:	36.650%
Weighted Average:	31.220%

Schedule	Schedule Item	Schedule Item Status	Public Access
URRT (revised)	Actuarial Memorandum - Redacted	RV-REVIEWED	Yes
URRT	Other Supporting Documents	RV-REVIEWED	Yes
Supporting Document (revised)	HMO Transmittal Checklist and Certification Form	RV-REVIEWED	Yes
Supporting Document	HMO Transmittal Checklist and Certification Form	RV-REVIEWED	Yes

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URRT

State Determination

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

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URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	Wellpoint2026ActuarialMemorandum_Redacted.pdf
Other Supporting Documents	



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Supporting Document Schedules

<b>Satisfied - Item:</b>	HMO Transmittal Checklist and Certification Form
<b>Comments:</b>	
<b>Attachment(s):</b>	Wellpoint2026LifeandHealthTransmittalForm.pdf
<b>Item Status:</b>	RV-REVIEWED
<b>Status Date:</b>	08/13/2025

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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)
04/22/2025	RV-REVIEWED 08/13/2025	Supporting Document	HMO Transmittal Checklist and Certification Form	07/14/2025	Wellpoint2026LifeandHealthTransmittalForm.pdf (Superceded)