

**Health Insurance Rate Request Summary  
Part 1 – To Be Completed By Company**

**Company Name and NAIC Number:**

**SERFF Tracking Number:**

**Effective Date:**

**(Projected) Number of Insureds**

**Affected:**

**New Rates**

**Average Annual Premium Per Member:**

**Revised Rates**

**Average Annual Premium Per Member:**

**Average Requested Percentage Rate Change Per Member:**

**Minimum Requested Percentage Rate Change Per Member:**

**Maximum Requested Percentage Rate Change Per Member:**

**Plans Affected**

**(The Form Number and "Product Name")**

**Form#**

**"Product Name"(if applicable)**

**Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.**

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

# **Virginia – Group Hospitalization & Medical Services, Inc. Rate Review Summary**

## Key Rate Change Drivers

- 1.) Base period experience deterioration.
- 2.) Projected future changes in the risk pool.
- 3.) Removal of the Health Insurer Tax fee for 2019.