MCAS OTHER HEALTH:

11. Does the contract cover collection of dues and fees?
   A: does the association collect dues and fees?
12. Does the contract cover collection of commissions?
   A: does the association collect commissions?

13 – add to data and definitions pages in reference to this question or any FAQ’s responses should include, but not limited to: claims payments, premium collections, policyholder services, billing, notices, customer service services, underwriting or premium rating of risk determinations... etc..

NEW QUESTIONS:
13.1 Has the carrier filed the associations by laws and articles of incorporation in their state of domicile?
13.2 Has the carrier filed the association by laws and articles of incorporation and policy forms in the situs state of the association?
   If yes please provide the state, and the SERFF tracking number
13.3 Has the carrier filed the association by laws and articles of incorporation in the filing state?
   Has the carrier also filed the certificate of insurance in the filing state if applicable?

16. Does the company issue Other Health products through administrators? (Do we mean TPA’s here?)
17. If yes, how many?
   A: list the TPA’s and their NPN numbers.
18. Seems to ask the same question as 16 – unless we are trying to isolate a separate administrator outside of a TPA that this question is asking for.
19. if yes, does your delegation structure. Perhaps we change the word “delegate” to something else; I don’t think that a carrier “delegates” these things to a TPA if an Association is working in conjunction with a TPA. So, perhaps a better – to simply say do your TPA’s … provide services such as:
   a. claims payment
   b. premium collection
   c. complaint handling
   d. customer service
   e. medical underwriting
   f. pricing
   g. producer appointment or assignment or referral
   h. marketing, advertising, lead generation
   i. enrollment processing

NEW QUESTIONS:
30. What triggers a preexisting condition exclusion review.
   a. What is the companies current preexisting condition period.
   b. What is the companies current look back period related to preex’s
      i. What other look back criteria is included in a prex determination, ie: any illness/sickness that a reasonable person would have known; etc..

NEW QUESTIONS:
30.1 What is the policy or certificate term period ie: 12, 6, 3 etc..
30.2 does the carrier impose a grace period?
   What is the grace period term?
30.3 does the carrier impose a reinstatement period?
   What is the reinstatement period or term?
What additional requirements need met by insureds to reinstate?
30.4 Does the carrier allow agents or licensed insurance producers to collect premiums, reinstatement premiums and bind conditional coverage on behalf of the carrier?
30.5 Does the carrier pay fees to a sponsor?
   a. If yes, please list known sponsors.

PAGE 2:

Remove reference to member month questions; I have never found this information useful, especially related to supplemental products where they are not insured for an entire year; this information is not valuable for our purposes here.

What is the difference between 51 and 52?

61 through 63 – are we certain that this product is sold as “family” policies? If they are not then these questions can be omitted.