

Other Health Insurance (2025)

Other Health Insurance Interrogatories

Other Health Insurance Products

- 1 – Individual, Accident Only
- 2 – Individual, Accidental Death and Dismemberment
- 3 – Individual, Specified Disease – Limited Benefit/Critical Illness
- 4 – Individual, Hospital/Other Indemnity
- 5 – Individual, Hospital/Surgical/Medical Expense
- 6 – Association, Accident Only
- 7 – Association, Accidental Death and Dismemberment
- 8 – Association, Specified Disease – Limited Benefit/Critical Illness
- 9 – Association, Hospital/Other Indemnity
- 10 – Association, Hospital/Surgical/Medical Expense

Interrogatories - Products

	Yes No Response	Explanation
01 Are the reported products being actively sold in this jurisdiction during the reporting period?	---	---
02 Does the company have any closed or frozen blocks of business that would be reported in this MCAS submission if they were not closed or frozen?	---	---
03 Number of Other Health products offered to residents in this state. (Response should be 1-10 to indicate the number of columns completed below.)	---	---
04 For products reported to this MCAS jurisdiction, are there any MCAS participating jurisdictions where you are not selling these products?	---	---

Interrogatories - Associations/Trusts

For Questions 5-19, please indicate which Other Health Insurance Product(s) (1-10, see list above) relates to associations/trusts

	Yes No Response	Explanation
05 For products reported to this MCAS jurisdiction, does the company issue any of these Other Health products through associations/trusts?	---	---
06 If yes, list these associations/trusts and Other Health products available through the association/trust.	---	---
07 If yes, do you have a contractual relationship with any of these associations/trusts? Contractual relationship is not the group policy issued to the associations/trusts.	---	---
08 If yes, does the contract allow any association/trust to market the product?	---	---
09 If yes, please identify which associations/trusts.	---	---
10 If yes, does the contract allow any of these associations/trusts to collect policy or contract premiums?	---	---
11 If yes, please identify which associations/trusts.	---	---
12 If yes, does the contract allow any of these associations/trusts to collect and pay commissions?	---	---
13 If yes, please identify which associations/trusts.	---	---
14 If yes, does the contract allow any of these association/trust to adjudicate claims?	---	---
15 If yes, please identify which associations/trusts.	---	---
16 If yes, has the company filed articles and by-laws as required?	---	---
If yes please identify the association(s)/trust(s) and the state(s) where the articles were filed.	---	---
17 Has the company filed group policy forms as required and if so in which states?	---	---
If yes, please identify the Other Health product(s) that have been filed.	---	---
18 Has the company filed certificate forms as required and if so in which states?	---	---
If yes, please identify the Other Health product(s) that have been filed.	---	---

Interrogatories - Third Party Administrators

	Yes No Response	Explanation
19 Does the company contract with third-party administrators for any administrative services related to Other Health products?	---	---
20 If yes, does the company issue any Other Health products through administrators/TPAs?	---	---
21 If yes, how many administrators/TPAs?	---	---
22 If yes, list the TPAs and provide their respective license number/National Producer Number (NPN), if required by the state.	---	---
23 If yes, does your company contract claims services related to Other Health products?	---	---
24 If yes, does your company contract complaints-related services related to Other Health products?	---	---
25 If yes, does your company contract medical underwriting services related to Other Health products?	---	---
26 If yes, does your company contract pricing services related to Other Health products?	---	---
27 If yes, does your company contract producer appointment services related to Other Health products?	---	---
28 If yes, does your company contract marketing, advertisement, or lead generation, services related to Other Health products?	---	---
29 If yes, does your company contract policyholder services related to Other Health products?	---	---
30 If yes, does your company contract premium collection services related to Other Health products?	---	---
31 Does your company audit third parties to whom you have delegated responsibilities?	---	---

32 If yes, please provide frequency of audits. ---

Interrogatories - Distribution of Products

	Yes	No	Explanation
	Response		
33 Does your company distribute its product through independent agents?			---
34 Does your company distribute its products through captive agents?			---
38 Does your company distribute its products through its employees?			---

Interrogatories - Other

	Yes	No	Explanation
	Response		
39 Does the company use pre-existing condition exclusions?			---
40 If yes, identify which products could have pre-existing exclusions applied.			---
41 Does the company contract with producers to collect premium or bind coverage on behalf of the company?			---
42 For fees that are included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.			---
43 Additional state specific comments (optional)			---

Other Health Insurance (2023)

Policy/Certificate Administration

	Individual					Association					Employer Group				
	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense
45	Direct Written Premium.														
46	Earned premiums for reporting year														
47	Number of policies/certificates in force at the beginning of the period														
48	Number of covered lives on policies/certificates in force at the beginning of the period														
49	Number of new policy/certificate applications/enrollments received during the period														
50	Number of new policy/certificates issued during the period														
51	Number of new policies/certificates denied during the period														
52	Number of covered lives on new policies/certificates issued during the period														
53	Number of policy/certificate terminations and cancellations initiated by the policyholder/certificate holder during the period														
54	Number of policies/certificates cancelled during the free look period														
55	Number of covered lives on policies/certificates cancelled at the initiation of the policyholder/certificate holder during the free look period during the period														
56	Number of policy/certificate terminations and cancellations due to non-payment of premium during the period														
57	Number of policies/certificates cancelled by the company for any reason other than non-payment of premium during the period														
58	Number of rescissions during the period														
59	Number of covered lives impacted on terminations and cancellations initiated by the policyholder/certificate holder														
60	Number of covered lives impacted on terminations and cancellations due to nonpayment														
61	Number of covered lives impacted by rescissions														
62	Number of policies/certificates in force at the end of the period														
63	Number of covered lives on policies/certificates in force at the end of the period														

Other Health Insurance (2023)

Claims Administration (Including Pharmacy)

	Individual					Association					Employer Group				
	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense
64	Number of claims pending at the beginning of the period														
65	Number of claims received (include non-clean claims)														
66	Total number of claims denied, rejected or returned														
67	Number denied, rejected, or returned as non-covered or maximum benefit exceeded														
68	Number denied, rejected, or returned as subject to pre-existing condition exclusion														
69	Number denied, rejected, or returned due to failure to provide adequate documentation														
70	Number denied, rejected, or returned due to being within the waiting period														
71	Number denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded														
71	Number of claims pending at the end of the period														
72	Median number of days from receipt of claim to decision for denied claims														
73	Average number of days from receipt of claim to decision for denied claims														
74	Median number of days from receipt of claim to decision for approved claims														
75	Average number of days from receipt of claim to decision for approved claims														
76	Number of claims paid														
77	Aggregate dollar amount of paid claims during the period														
78	Number of claims where the claims payment was reduced by premium owed														
79	Dollar amount of claims payments applied to unpaid premiums.														

Consumer Complaints and Lawsuits

	Individual					Association					Employer Group				
	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense
80	Number of complaints received by Company (other than through the DOI)														
81	Number of complaints received through DOI														
82	Number of complaints resulting in claims reprocessing														
83	Number of lawsuits open at the beginning of the period														
84	Number of lawsuits opened during the period														
85	Number of lawsuits closed during the period														
86	Number of lawsuits closed during the period with consideration for the consumer														
87	Number of lawsuits open at the end of the period														

Other Health Insurance (2023)

Marketing and Sales

	Individual					Association					Employer Group				
	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense	Accident Only	Accidental Death and Dismemberment	Specified Disease - Limited Benefit/ Critical Illness	Hospital/ Other Indemnity	Hospital/ Surgical/ Medical Expense
88	Number of individual applications/enrollments pending at the beginning of the period														
89	Number of individual applications/enrollments denied during the period for any reason														
90	Number of individual applications/enrollments denied during the period - health status or condition														
91	Number of individual applications/enrollments approved during the period														
92	Number of individual applications/enrollments pending at the end of the period														
93	Number of applications/enrollments received via phone (audio only)					---	---	---	---	---	---	---	---	---	---
94	Number of applications/enrollments received in person or via video application (e.g., Zoom, WebEx)					---	---	---	---	---	---	---	---	---	---
95	Number of applications/enrollments received online (electronically)					---	---	---	---	---	---	---	---	---	---
96	Number of applications/enrollments received by mail during the period					---	---	---	---	---	---	---	---	---	---
97	Number of applications/enrollments received by any other method during the period					---	---	---	---	---	---	---	---	---	---
98	Commissions paid during reporting period (dollar amount of commissions incurred during the period)														
99	Unearned commissions returned to company on policies/certificates sold during the period														

Other Health Insurance Attestation

	First Name	Middle Name	Last Name	Suffix	Title	Comments
100	First Attestor Information					
101	Second Attestor Information					
102	Overall Comments for the Filing Period					