

## Other Health Insurance (2023)

### Other Health Insurance Interrogatories

	Yes No Response	Explanation
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# 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 Net Written Premium. (Updated at direction of the MCAS Blanks (D) Working Group to match original intent. 10/19/22)														
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 covered lives on policies/certificates cancelled at the initiation of the policyholder/certificate holder during the period														
55	Number of policies/certificates cancelled during the free look period														
56	Number of covered lives on policies/certificates cancelled at the initiation of the policyholder/certificate holder during the free look period during the period														
57	Number of policy/certificate terminations and cancellations due to non-payment of premium during the period														
58	Number of covered lives on policies/certificates cancelled by the company due to														
59	Number of policies/certificates cancelled by the company for any reason other than non-payment of premium during the period														
60	Number of rescissions during the period														
61	Number of covered lives impacted on terminations and cancellations initiated by the policyholder/certificate holder														
62	Number of covered lives impacted on terminations and cancellations due to nonpayment														
63	Number of covered lives impacted by rescissions														
64	Number of policies/certificates in force at the end of the period														
65	Number of covered lives on policies/certificates in force at the end of the period														

## 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
66	Number of claims pending at the beginning														
67	Number of claims received (include non-clean claims)														
68	Total number of claims denied, rejected or returned														
69	Number of denied, rejected, or returned as non-covered or maximum benefit exceeded														
70	Number of denied, rejected, or returned as subject to pre-existing condition exclusion														
71	Number denied, rejected, or returned due to failure to provide adequate documentation														
72	Number denied, rejected, or returned due to being within tl --- --- ---														
73	Number of denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded														
74	Number of claims pending at end of the period														
75	Median number of days from receipt of claim to decision for denied claims														
76	Average number of days from receipt of claim to decision for denied claims														
77	Median number of days from receipt of claim to decision for approved claims														
78	Average number of days from receipt of claim to decision for approved claims														
79	Number of claims paid														
80	Aggregate dollar amount of paid claims during the period														
81	Number of claims where the claims payment was reduced by premium owed														
82	Dollar amount of claims payments applied to unpaid premiums.														

# Other Health Insurance (2023)

## 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

83	Number of complaints received by Company (other than through the DOI)
84	Number of complaints received through DOI
85	Number of complaints resulting in claims reprocessing
86	Number of lawsuits open at beginning of the period
87	Number of lawsuits opened during the period
88	Number of lawsuits closed during the period
89	Number of lawsuits closed during the period with consideration for the consumer
90	Number of lawsuits open at end of the period

## 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

91	Number of individual applications/enrollments pending at the beginning of the period													
92	Number of individual applications/enrollments denied during the period for any reason													
93	Number of individual applications/enrollments denied during the period - healthstatus or condition													
94	Number of individual applications/enrollments approved during the period													
95	Number of individual applications/enrollments pending at the end of the period													
96	Number of applications/enrollments received via phone (audio only)	---	---	---	---	---	---	---	---	---	---	---	---	---
97	Number of applications/enrollments received in person or via video application (e.g., Zoom, WebEx)	---	---	---	---	---	---	---	---	---	---	---	---	---
98	Number of applications/enrollments received online (electronically)	---	---	---	---	---	---	---	---	---	---	---	---	---
99	Number of applications/enrollments received by mail during the period	---	---	---	---	---	---	---	---	---	---	---	---	---
100	Number of applications/enrollments received by any other method during the period	---	---	---	---	---	---	---	---	---	---	---	---	---
101	Commissions paid during reporting period (dollar amount of commissions incurred during the period)													
102	Unearned commissions returned to company on policies/certificates sold during the period													

## Other Health Insurance Attestation

		First Name	Middle Name	Last Name	Title	Comments
103	First Attestor Information	---	---	---	---	---
104	Second Attestor Information	---	---	---	---	---
105	Overall Comments for the Filing Period	---	---	---	---	---