

Other Health Insurance (2024)

Other Health Insurance Interrogatories

	Yes No Response	Explanation
01 Are you currently marketing these products in this jurisdiction?	---	---
02 Do the products you are reporting on in response to this blank include closed or frozen blocks of business?	---	---
03 If yes, list the closed or frozen blocks of business?	---	---
04 Number of Other Health products offered to residents in this state.	---	---
05 For products reported to this MCAS jurisdiction, list the states where your Other Health products are filed (provide SERFF tracking number, if applicable). If a company issues the product in a state that does not require a filing, please identify the product, and describe the basis for not filing.	---	---
06 For products reported to this MCAS jurisdiction, does the company issue these Other Health products through associations/trusts?	---	---
07 If yes, list the associations/trusts.	---	---
08 If yes, do you have a contractual relationship with any association/trust?	---	---
09 If yes, please identify which associations/trusts.	---	---
10 If yes, does the contract allow any association/trust to market the product?	---	---
11 If yes, please identify which associations/trusts.	---	---
12 If yes, does the contract allow any association/trust to collect policy or contract premiums?	---	---
13 If yes, does the contract allow any association/trust to collect and pay commissions?	---	---
14 If yes, please identify which associations/trusts.	---	---
15 If yes, does the contract allow any association/trust to adjudicate claims?	---	---
16 If yes, please identify which associations/trusts.	---	---
17 Has the company filed the associations by-laws and articles of incorporation in their state of domicile?	---	---
18 Has the company filed the association by-laws and articles of incorporation and policy forms in the situs state of the association?	---	---
19 If yes please provide the state, and the SERFF tracking number, if applicable.	---	---
20 Has the company filed the association by-laws and articles of incorporation in the filing state?	---	---
21 Has the company filed the certificate of insurance in the filing state, if applicable?	---	---
22 Does the company contract with third-party administrators for administrative services related to Other Health products?	---	---
23 If yes, does the company issue Other Health products through administrators/TPAs?	---	---
24 If yes, how many administrators/TPAs?	---	---
25 If yes, list the TPAs and provide their respective National Producer Number (NPN), if required by the state.	---	---
26 If yes, does your company contract claims services related to Other Health products?	---	---
27 If yes, does your company contract complaints-related services related to Other Health products?	---	---
28 If yes, does your company contract medical underwriting services related to Other Health products?	---	---
29 If yes, does your company contract pricing services related to Other Health products?	---	---
30 If yes, does your company contract producer appointment services related to Other Health products?	---	---
31 If yes, does your company contract marketing, advertisement, or lead generation, services related to Other Health products?	---	---
32 If yes, does your company contract policyholder services related to Other Health products?	---	---
33 If yes, does your company contract premium collection services related to Other Health products?	---	---
34 Does your company audit third parties to whom you have delegated responsibilities?	---	---
35 If yes, please provide frequency of audits.	---	---
36 Does your company distribute its product through independent agents?	---	---
37 Does your company distribute its products through captive agents?	---	---
38 Does your company distribute its products through its employees?	---	---
39 Does the company use pre-existing condition exclusions?	---	---
40 If yes, identify which products.	---	---
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 For fees not included in the reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.	---	---
44 Additional state specific comments (optional)	---	---

Other Health Insurance (2024)

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 (2024)

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	---					---					---				
71	Number denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded														
72	Number of claims pending at the end of the period														
73	Median number of days from receipt of claim to decision for denied claims														
74	Average number of days from receipt of claim to decision for denied claims														
75	Median number of days from receipt of claim to decision for approved claims														
76	Average number of days from receipt of claim to decision for approved claims														
77	Number of claims paid														
78	Aggregate dollar amount of paid claims during the period														
79	Number of claims where the claims payment was reduced by premium owed														
80	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
81	Number of complaints received by Company (other than through the DOI)														
82	Number of complaints received through DOI														
83	Number of complaints resulting in claims reprocessing														
84	Number of lawsuits open at the beginning of the period														
85	Number of lawsuits opened during the period														
86	Number of lawsuits closed during the period														
87	Number of lawsuits closed during the period with consideration for the consumer														
88	Number of lawsuits open at the end of the period														

Other Health Insurance (2024)

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

Other Health Insurance Attestation

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