

Other Health Insurance (2023)

Other Health Insurance Interrogatories

	Yes No Response	Explanation
01 Were the reported products being actively sold in this jurisdiction during the reporting period? 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 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?	---	---
04 Number of Other Health products offered to residents in this state. (Response should be 1-10 to indicate the number of columns completed below.)	---	---
05 For products reported to this MCAS jurisdiction, are there any MCAS participating jurisdictions where you are not selling these products? For products reported to this MCAS jurisdiction, list the states where your Other Health products are filed and the number of products offered in each state (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 any of these Other Health products through associations/trusts?	---	---
07 If yes, list these associations/trusts.	---	---
08 If yes, do you have a contractual relationship with any of these associations/trusts?	---	---
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 of these associations/trusts to collect policy or contract premiums? If yes, please identify which associations/trusts.	---	---
13 If yes, does the contract allow any of these associations/trusts to collect and pay commissions? If yes, please identify which associations/trusts.	---	---
14 If yes, does the contract allow any of these association/trust to adjudicate claims? If yes, please identify which associations/trusts.	---	---
15 Does the state of domicile require association by-laws and articles of incorporation to be filed? If yes, list the association by-laws and articles of incorporation which have been filed.	---	---
16 Does the situs state of the association require the association by-laws, articles of incorporation and policy forms to be filed? If yes, list the the state, and the SERFF tracking number.	---	---
17 Does the filing state require association by-laws and articles of incorporation to be filed? If yes, list the association by-laws and articles of incorporation which have been filed.	---	---
18 Has the company filed the certificate of insurance in the filing state, if applicable?	---	---
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? If yes, how many administrators/TPAs?	---	---
21 If yes, list the TPAs and provide their respective National Producer Number (NPN), if required by the state.	---	---
22 If yes, does your company contract any claims services related to Other Health products?	---	---
23 If yes, does your company contract any complaints-related services related to Other Health products?	---	---
24 If yes, does your company contract any medical underwriting services related to Other Health products?	---	---
25 If yes, does your company contract any pricing services related to Other Health products?	---	---
26 If yes, does your company contract any producer appointment services related to Other Health products?	---	---
27 If yes, does your company contract any marketing, advertisement, or lead generation, services related to Other Health products?	---	---
28 If yes, does your company contract any policyholder services related to Other Health products?	---	---
29 If yes, does your company contract any premium collection services related to Other Health products?	---	---
30 Does your company audit any third parties to whom you have delegated responsibilities? If yes, please provide frequency of audits.	---	---
31 Does your company distribute any of its products through independent agents?	---	---
32 Does your company distribute any of its products through captive agents?	---	---
33 Does your company distribute any of its products through its employees?	---	---
34 Does the company use pre-existing condition exclusions in any of its products? If yes, identify which products.	---	---
35 Does the company contract with producers to collect premium or bind coverage on behalf of the company for any of its products?	---	---
36 For fees that are included in reported premium for any products, identify what fees are charged to applicants and policyholders/certificate holders for each applicable product. Do not include commissions.	---	---
37 For fees not included in the reported premium for any products, identify what fees are charged to applicants and policyholders/certificate holders for each applicable product. Do not include commissions.	---	---
38 Additional state specific comments (optional)	---	---