

STLD Data Call

Parking Lot Items

Data Elements:

1. Does the product have a provider network? (Y/N) If yes, provide:

- 1.A. The number of claim denials for in-network claims
- 1.B. The number of claims paid for in-network services
- 1.C. The number of claim denials for out-of-network claims
- 1.D. The number of claims paid for out-of-network services

2.A. Total number of insurer-initiated cancellations prior to the policy expiration date.

2.B. Total number of rescissions

3. Is gender and/or industry of members used as a rating factor? (Y/N) If yes, provide the total number of denials based on gender and/or industry of members issued

- 3.A. At the point of initial application
- 3.B. At the point of renewal

NOTE: Rejecting an online application for a “yes” answer would constitute an “initial denial” for the purposes of these questions.

4. Renewal denials for health status

The total number of denials based on health status that are issued at the point of renewal.

5. Indicate whether the contract provides coverage for the following:

- 5.A. Mental Health Services (Y/N)
- 5.B. Substance use disorder treatment (Y/N)
- 5.C. Maternity Care - in addition to complications of pregnancy (Y/N)
- 5.D. Rehabilitation/habilitation services (Y/N)
- 5.E. Durable Medical Equipment (Y/N)

6. Indicate whether the contract includes specific exclusions for the following:

- 6.A. Gender Identity (Y/)
- 6.B. Injury resulting from intoxication (Y/N)
- 6.C. Other hazardous activity (Y/N)

7. Indicate whether the contract includes pre-existing condition limitations. (Y/N)

8. Indicate the range of deductibles available under the contract:

- 8.A. for single coverage
- 8.B. for family coverage

9. Indicate the range of copayments and co-insurance under the contract:

- 9.A. for single coverage
- 9.B. for family coverage

10. Claims submitted – Provide the total number of claims submitted during the reporting year for the following:

- 10.A. Mental health services
- 10.B. Substance Use Disorder services
- 10.C. Organ transplants
- 10.D. Cancer
- 10.E. Kidney stones
- 10.F. Gallbladder disease
- 10.G. Appendicitis

11. Claims Paid - Provide the total number of claims paid during the reporting year for the following:

- 11.A. Mental health services
- 11.B. Substance Use Disorder services
- 11.C. Organ transplants
- 11.D. Cancer
- 11.E. Kidney stones
- 11.F. Gallbladder disease
- 11.G. Appendicitis

12. Claims Denied - Provide the total number of claims denied during the reporting year for the following:

- 12.A. Mental health services
- 12.B. Substance Use Disorder services
- 12.C. Organ transplants
- 12.D. Cancer
- 12.E. Kidney stones
- 12.F. Gallbladder disease
- 12.G. Appendicitis
- 12.H. Pre-Existing Conditions
- 12.I. Gender Identity
- 12.L. Injury resulting from intoxication
- 12.K. Injury resulting from other hazardous activity

Interrogatories:

1. Does the company provide commissions or other incentives to producers for the sale of this product? (Y/N) If yes,
 - 1.A. Provide a copy of the producer commission schedule.
 - 1.B. What was the total commission paid from January 1 through December 31 of the reporting year?
 - 1.C. How does this commission or other incentive amount compare to those offered by ACA-compliant plans sold by the company?
 - 1.D. How much of the total commission amount was paid to the top five producers/agencies? List those producers/agencies.
2. Are any other (non-commission) fees charged for this product? (Y/N)
 - 2.A. If yes, describe those fees including the amount, and the basis for the fee.