Other Health Insurance January 1, 2024 through December 31, 2024 May 31, 2025

MCAS Administrator	The person responsible for assigning who may view and input company data.	
MCAS Contact	The person most knowledgeable about the submitted MCAS data. This person can be the same as the MCAS Administrator.	
MCAS Attestor	The person who attests to the completeness and accuracy of the MCAS data.	

ID	Description	Response
1-01	Are you currently marketing these products in this jurisdiction?	Yes/No
1-02	Do the products you are reporting on in response to this blank	Yes/No
	include closed or frozen blocks of business?	
1-03	If yes, list the closed or frozen blocks of business?	Comment
1-04	Number of Other Health products offered to residents in this	Number
	state	
1-05	For products reported to this MCAS jurisdiction, list the states	Comment
	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.	
1-06	For products reported to this MCAS jurisdiction, does the	Yes/No
	company issue these Other Health products through	
	associations/trusts?	
1-07	If yes, list the associations/trusts.	Comment
1-08	If yes, do you have a contractual relationship with any	Yes/No
	association/trust?	
1-09	If yes, please identify which associations/trusts.	Comment
1-10	If yes, does the contract allow any association/trust to market	Yes/No
	the product?	
1-11	If yes, please identify which associations/trusts.	Comment

1-12	If yes, does the contract allow any association/trust to collect	Yes/No
	policy or contract premiums?	
1-13	If yes, does the contract allow any association/trust to collect	Yes/No
	and pay commissions?	
1-14	If yes, please identify which associations/trusts.	Comment
1-15	If yes, does the contract allow any association/trust to	Yes/No
	adjudicate claims?	
1-16	if yes, please identify which associations/trusts.	Comment
1-17	Has the company filed the associations by-laws and articles of	Yes/No
	incorporation in their state of domicile?	
1-18	Has the company filed the association by-laws and articles of	Yes/No
	incorporation and policy forms in the situs state of the	
	association?	
1-19	If yes please provide the state, and the SERFF tracking	Comment
	number, if applicable	
1-20	Has the company filed the association by-laws and articles of	Yes/No
	incorporation in the filing state?	
1-21	Has the company filed the certificate of insurance in the filing	Yes/No
	state, if applicable?	

1-22 Does the company contract with third

If yes, does your company contract premium collection services related to Other Health products?	Yes/No
Does your company audit third parties to whom you have delegated responsibilities?	Yes/No
If yes, please provide frequency of audits.	Comment
Does your company distribute its product through independent agents?	Yes/No
Does your company distribute its products through captive agents?	Yes/No
Does your company distribute its products through its employees?	Yes/No
Does the company use pre-existing condition exclusions?	Yes/No
If yes, identify which products.	Comment
Does the company contract with producers to collect premium or bind coverage on behalf of the company?	Yes/No
For fees that are included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.	Comment
For fees not included in the reported premium, identify what fees	Comment
are charged to applicants and policyholders/certificate holders.	
Do not include commissions.	
Additional state specific comments (optional)	Comment
	services related to Other Health products? Does your company audit third parties to whom you have delegated responsibilities? If yes, please provide frequency of audits. Does your company distribute its product through independent agents? Does your company distribute its products through captive agents? Does your company distribute its products through its employees? Does the company use pre-existing condition exclusions? If yes, identify which products. Does the company contract with producers to collect premium or bind coverage on behalf of the company? For fees that are included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not included in the reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.

4-80	Number of complaints received by Company (other than through the DOI)
4-81	Number of complaints received through DOI
4-82	Number of complaints resulting in claims reprocessing
4-83	Number of lawsuits open at the beginning of the period
4-84	Number of lawsuits opened during the period
4-85	Number of lawsuits closed during the period
4-86	Number of lawsuits closed during the period with consideration for the consumer
4-87	Number of lawsuits open at the end of the period

ID	Description
5-88	Number of individual applications/enrollments pending at the beginning of the period
5-89	Number of individual applications/enrollments denied during the period for any reason
5-90	Number of individual applications/enrollments denied during the period - health status or condition
5-91	Number of individual applications/enrollments approved during the period
5-92	Number of individual applications/enrollments pending at the end of the period
5-93	Number of applications/enrollments received via phone (audio only) (only answer for individual products)
5-94	Number of applications/enrollments received in person or via video application (e.g., Zoom, WebEx) (only answer for individual products)
5-95	Number of applications/enrollments received online (electronically) (only answer for individual products)
5-96	Number of applications/enrollments received by mail during the period (only answer for individual products)
5-97	Number of applications/enrollments received by any other method during the period (only answer for individual products)

5-98	Commissions paid during reporting period (dollar amount of commissions incurred during the period)
5-99	Unearned commissions returned to company on policies/certificates sold during the period

ID	Description
6-100	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
6-101	Second Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
6-102	Overall Comments for the Period

All companies licensed and reporting at least \$50,000 of other health insurance premium for all coverages reportable in MCAS within any of the participating MCAS jurisdictions. (This threshold is subject to individual jurisdiction requirements.)

: This MCAS blank is designed to collect data from the perspective of individual insureds in each state that the form is marketed in. When reporting for forms issued to discretionary groups, associations, or trusts—data should be provided on each state of residence of the insureds, rather than only where the discretionary group, association or trust is sitused.

An insurance contract

that pays benefits for the diagnosis and/or treatment of a specifically named disease, diseases, or critical illness. Benefits can be paid as expense incurred, per diem, or a principle sum.

An insurance contract that pays a fixed dollar amount without regard to the actual expenses incurred.

An insurance contract that provides coverage to or reimburses the covered person for hospital, surgical, and/or medical expense incurred as a result of injury, sickness, and/or medical condition.

For purposes of this MCAS blank, a non-employer group that offers benefits to its members (does not include banks or credit unions).

Policies marketed, sold, and issued to individual consumers,

of insurance.

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A rescission is a cancellation or discontinuance of coverage based on a misrepresentation that is retroactive to the issue date. (Does not include cancellations for non-payment.)

provide the total number of claims denied during the reporting period for individual policyholders and/or group certificate holders residing in the state for which reporting is being completed; includes rejected and returned claims, whether in whole or in part

provide the total number of claims paid during the reporting period for individual policyholders and/or group certificate holders residing in the state for which reporting is being completed

: Period of time a covered person who is entitled to receive benefits must wait before coverage is provided. This applies to waiting periods that are per policy or per condition.

any written communication that expresses dissatisfaction with a specific person or entity. An oral communication, which is subsequently converted to a written form in order to be analyzed and acted upon, will meet the definition of a complaint for this purpose. A complaint should be reported to the state where the policyholder resides.

Treatment of class action lawsuits: Report the opening and closing of a class action lawsuit once in each state in which a potential class member resides. Include an explanatory note with your submission stating the number of class action lawsuits included in the data and the general cause of action.