Other Health Insurance January 1, 2025

1-39	Does the company use pre-existing condition exclusions?	Yes/No
1-40	If yes, identify which products.	Comment
1-41	Does the company contract with producers to collect premium or	Yes/No
	bind coverage on behalf of the company?	
1-42	For fees that are included in reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.	Comment
1-43	For fees not included in the reported premium, identify what fees are charged to applicants and policyholders/certificate holders. Do not include commissions.	Comment
1-44	Additional state specific comments (optional)	Comment

Product Identifiers	Explanation of Product Identifiers
Individual H-AO	Accident Only. Purchased by an individual
Individual ADD	Accidental Death and Dismemberment. Purchased by an individual
Individual SD	Specified Disease-Limited Benefit/Critical Illness. Purchased by an individual
Individual H-H/OI	Hospital/Other Indemnity. Purchased by an individual
Individual H-HSME	Hospital/Surgical/Medical Expense. Purchased by an individual
Association H-AO	Accident Only. Purchased through an association/trust

Association ADD Accidental Death and Dismemberment. Purchased through an association/trust

ID	Description
3-64	Number of claims pending at the beginning of the period
3-65	Number of claims received (include non-clean claims)
3-66	Total number of claims denied, rejected or returned
3-67	Number denied, rejected, or returned as non-covered or maximum benefit exceeded
3-68	Number denied, rejected, or returned as subject to pre-existing condition exclusion
3-69	Number denied, rejected, or returned due to failure to provide adequate documentation
3-70	Number denied, rejected, or returned due to being within the waiting period (do not answer for ADD products)
3-71	Number denied, rejected, or returned (in whole or in part) because maximum \$ limit exceeded
3-72	Number of claims pending at the end of the period
3-73	Median number of days from receipt of claim to decision for denied claims
3-74	Average number of days from receipt of claim to decision for denied claims
3-75	Median number of days from receipt of claim to decision for approved claims
3-76	Average number of days from receipt of claim to decision for approved claims
3-77	Number of claims paid
3-78	Aggregate dollar amount of paid claims during the period
3-79	Number of claims where the claims payment was reduced by premium owed
3-80	Dollar amount of claims payments applied to unpaid premiums.

ID	Description
5-89	Number of individual applications/enrollments pending at the beginning of the period
5-90	Number of individual applications/enrollments denied during the period for any reason
5-91	Number of individual applications/enrollments denied during the period - health status or condition
5-92	Number of individual applications/enrollments approved during the period
5-93	Number of individual applications/enrollments pending at the end of the period
5-94	Number of applications/enrollments received via phone (audio only) (only answer for individual products)
5-95	Number of applications/enrollments received in person or via video application (e.g., Zoom, WebEx) (only answer for individual products)
5-96	Number of applications/enrollments received online (electronically) (only answer for individual products)
5-97	Number of applications/enrollments received by mail during the period (only answer for individual products)
5-98	Number of applications/enrollments received by any other method during the period (only answer for individual products)
5-99	Commissions paid during reporting period (dollar amount of commissions incurred during the period)
5-100	Unearned commissions returned to company on policies/certificates sold during the period

ID	Description
6-101	First Attestor Information (First Name, Middle Name, Last Name, Suffix, Title)
6-102	Second Attestor Information (First Name, Middle Name, Last Name, Suffix,
	Title)
6-103	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

- Health insurance forms that are not subject to the Affordable Care Act (ACA). For this MCAS blank, they are Health-Accident Only; Health - Accidental Death and Dismemberment; Health-Specified Disease-Limited Benefit/Critical Illness; Health - Hospital/Other Indemnity; and Health - Hospital/Surgical/Medical Expense

An insurance contract that provides coverage, singly or in combination, for death, dismemberment, disability (not disability income), or hospital and medical care caused by or necessitated as a result of accident or specified kinds of accident

An insurance contract that pays a stated benefit in the event of death and/or dismemberment caused by accident or specified kinds of accidents.

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).

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An action brought in a court of law in which one party, the plaintiff, claims to have incurred a loss as a result of the action of another party, the defendant.

For purposes of reporting lawsuits for Other Health Insurance products:

Include only lawsuits brought by an applicant for insurance, a policyholder or a claimant/beneficiary as a plaintiff against the reporting insurer or its agent as a defendant;

Include all lawsuits, whether or not a hearing or proceeding before the court occurred;

Do not include arbitrations of any sort;

By completing the attestation information, those named understand, agree, and certify on behalf of the named company that:

- They are authorized to submit the Market Conduct Annual Statement on behalf of the named company and to bind the company to the statements in this attestation;
- 2. They are knowledgeable of the information required to be provided in the Market Conduct Annual Statement filed by this company and have reviewed this filing;
- 3. To the best of their knowledge and belief, this filing represents a full and accurate statement of the information required to be provided in the Market Conduct Annual Statement pursuant to the applicable instructions; and
- 4. They are aware that the state insurance department(s) receiving the data may initiate regulatory action as authorized by law in a specific jurisdiction if the data submitted in the MCAS is inaccurate, incomplete, or found to be materially false, misleading or omissive.
- 5. They affirm that the company is able to accurately trace the data as reported to its source within the company and if necess792 reWatd their as c4 a4(ns)-5(792 reW*n88.584 47).