

# Draft

## Short Term Limited Duration Data Call and Definitions

### *Data Elements and Definitions*

- 1. Group Code**  
The NAIC Group code if the carrier is part of a holding company. If not part of a holding company, leave the field blank.
- 2. NAIC CoCode**  
The NAIC CoCode for the reporting company.
- 3. Carrier Name**  
Legal name of the insurance company.
- 4. Contact Name**  
The company contact person for the purposes of this report. First name, Last name.
- 5. Contact Title**  
The contact person's business title.
- 6. Contact Phone #**  
Phone number for the contact person filing the report.
- 7. Contact email address**  
E-mail address of contact person filing the report.
- 8. Does the company intend to market STLD contracts during the Reporting Year? (Y/N)**  
If No, no further information is required. If Yes, please complete the full sheet and attached interrogatories.
- 9. Product Name**  
The name of the product being marketed. This should match the name of the product as filed with the state department of insurance.
- 10. State(s) where the product is filed**  
The two-letter abbreviation for the state(s) the product is filed in.
- 11. SERFF Tracking Number**  
The SERFF tracking number that identifies the product that has been filed with the state department of insurance.
- 12. Type of Insurance (TOI)**  
The SERFF Type of Insurance code.
- 13. Total number of covered lives under individual plans**  
The total number of covered lives - on an annual basis - for the product filed. Do not duplicate count if the product renews.
- 14. Individual policies issued**  
Total number of individual STLD policies issued with issue date from January 1 through December 31 of the reporting year.
- 15. Individual policies renewed**  
Total number of individual STLD policies renewed with renewal date from January 1 through December 31 of the reporting year.
- 16. Total number of covered lives under group plans**

The total number of covered lives - on an annual basis - for the product filed. Do not duplicate count if the product renews.

**17. Group certificates issued**

Total number of certificates of coverage issued to group members with issue date from January 1 through December 31 of the reporting year.

**18. Group certificates renewed**

Total number of certificates of coverage renewed for group members with renewal date from January 1 through December 31 of the reporting year.

**19. Cancellations in the first 60 days**

Total number of member-requested cancellations within 60 days of the contract effective date. Leave blank if the term of the contract is less than 60 days.

**20. Is health status of members used as a rating factor? (Y/N)**

**21. Initial denials for health status**

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

**22. Renewal denials for health status**

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

**23. Term of Contract (in months)**

Maximum term of the contract in months. This is a numeric field.

**24. Number of Renewals allowed**

The maximum number of times the contract can be renewed. This is a numeric field.

**25. State mandated benefits covered? (Y/N)**

Does the Contract cover state-mandated benefits for the state indicated in column J? (Y/N)

**26. Prescription drugs covered? (Y/N)**

Does the Contract offer coverage for prescription drugs? (Y/N)

**27. Pre-existing condition limitations? (Y/N)**

Does the Contract include pre-existing condition limitations? (Y/N)

**28. Annual Premium for the Reporting Year**

Total annual earned premium for the reporting year for this product. This is a numeric field.

**29. Claims submitted**

The total number of claims submitted during the reporting year for this product. This is a numeric field.

**30. Claims Paid**

The total number of claims paid during the reporting year for this product. This is a numeric field.

**31. Claims Denied**

The total number of claims denied during the reporting year for this product. This is a numeric field.

**32. Complaints Received**

The total number of complaints received during the reporting year for this product. A complaint means any dissatisfaction about an insurer or its contracted providers expressed by an enrollee, or an enrollee's authorized representative, to the insurer. This includes complaints received from a State DOI and from an insured or their representative/provider. This is a numeric field.

**33. Association Name**

If the plan is marketed through an Association, include the legal name of the Association linked to the plan.

**34. Situs of Association**

Situs state where the Association is based. Use the two-letter abbreviation for the situs state.

**35. Trust Name**

If the plan is marketed through a Trust, include the legal name of the Trust linked to the plan.

**36. Situs of Trust**

Situs state where the Trust is based. Use the two letter abbreviation for the situs state.

**37. Administrator Name**

If the plan is marketed through an Administrator, include the legal name of the Administrator linked to the plan.

**38. Situs of the administrator**

Situs state where the Administrator is based. Use the two-letter abbreviation for the situs state.

***Interrogatories***

1. Did the company market short-term limited-duration (STLD) policies during the prior 3 years, 2016 through 2018?
2. Describe how are the STLD policies marketed (i.e. Agency, Social Media, Email contacts, Telephone contacts, other).
3. Describe how are applications for STLD policies taken (i.e. Face-to-Face, Telephone, Internet, Mail, Other).
4. Indicate the age range of individuals to whom the company will offer coverage.
5. Indicate whether any restrictions are applied to renewability.
  - 5A If Yes, what are those restrictions?
6. Indicate the range of deductibles available under STLD policies:
  - 6A for single coverage
  - 6B for family coverage
7. Indicate the range of copayments and co-insurance under STLD policies:
  - 7A for single coverage
  - 7B for family coverage
8. Indicate the range of annual and lifetime policy limits that apply to the STLD policies.
9. Indicate whether the STLD policies include any dollar limits for specific benefits in addition to the annual and lifetime policy limits.
  - 9A If Yes, itemize the benefits.
10. Are riders/endorsements offered as part of the policy?
  - 10A If Yes, itemize the types of coverage provided by rider/endorsement.
11. Indicate whether the STLD policies include rescission provisions. (Y/N)
  - 11A If Yes, indicate whether the rescission provisions apply to all policies regardless of the length of term.

12. Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments or marketing of STLD policies to third parties? If Yes, identify all applicable parties:

12A Administration

12B Claims

12C Complaints

12D Medical Underwriting

12E Pricing

12F Producer appointments

12G Marketing

13. What is the Medical Loss Ratio (MLR) for the product? If the actual MLR is not yet available, what the estimated or predicted MLR?