From: Arp, Laura L. <Laura.Arp@nebraska.gov>
Sent: Tuesday, March 26, 2019 4:38 PM
To: Helder, Randy <RHelder@naic.org>
Subject: RE: Revised STLD Data Call

Interrogatory 12:

Does the company delegate administration, claims, complaints, medical underwriting, pricing, producer appointments, advertisement, lead generation, enrollment, or marketing of STLD policies to third parties? Is there any other person or entity the company pays, directly or indirectly, for services associated with issuance and service of these contracts? If Yes, identify any applicable party:

Then change 12D

Marketing, advertisement, lead generation, enrollment

Please add an interrogatory:

Does the company offer coverage with preexisting condition limitations or exclusions?
If yes, describe the range of effects of preexisting conditions which may include, for example, complete denial, waiting period, exclusion of a medical condition or treatment, or any other limitation on coverage or benefit levels.

Some specific concerns related to “group” coverage:

Additionally, we probably need some introductory language clarifying, for STLD issued to discretionary groups, associations or trusts, that reporting should be based on where the insureds are located, rather than where the discretionary group, association or trust is situsted.

Will the companies be able to fill in the data fields for these “groups” on a state-by-state basis if they’ve been considering them all insured in the state where the group is “situsted”? If the companies say they are not able to do this, do we want to give an option to report nationwide enrollment for reference, then let the company answer columns S-X and Z-AF for the entire “group”?