

**DIVISION OF INSURANCE**

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**Covered Lives - Market Survey Report**

The South Dakota Division of Insurance will conduct an annual survey of all carriers licensed to sell health insurance. This allows the Division to adequately track the number of covered South Dakota lives (members) and those carriers actively marketing health products in the state. The completed survey is **due by May 15, 2018**. The completed form can be submitted by email to [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us) or by fax to 605.773.5369. You may contact Candy Holbrook with questions at 605.773.3563 or [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us). (Survey content is subject to change.)

<b>Company Name</b>	
<b>NAIC Number</b>	
<b>Market Survey Contact Name</b>	
<b>Contact Email</b>	
<b>Contact Phone</b>	

**General Instructions**

For each category, please indicate if you are actively marketing in 2018 and plan to market in 2019. If you indicate yes, please provide a consumer assistance telephone number and website (if available). The company's consumer assistance contact information/website will be made available to the public and provided in response to any consumer inquiries. (Please note: Any cessation of marketing requires the insurer to submit a written notice of intent to cease marketing pursuant to [SDCL 58-11-62](#).)

In the appropriate box, report the total number of South Dakota members covered by your company for such insurance as of *March 31, 2018*. A member is a person who has been enrolled as a subscriber, or an eligible dependent of a subscriber, and for whom the reporting entity has accepted the responsibility for the provision of basic health services as provided by contract.

- This includes insureds, certificate holders of health benefit plans, and those covered by stop loss or excess insurance.
- It is important that you report all South Dakota members covered, including dependents, rather than the number of policies and/or contracts.

Information collected on covered lives will only be presented as aggregate data.

**Section 1: Attestations (please check all that apply)**

1)	<b>Medicare Part D Only</b>	<input type="checkbox"/>	By checking this box, I certify that the above identified carrier licensed to sell health insurance in South Dakota <u>ONLY</u> Markets Medicare Part D Products. <b>If you have checked this box, the survey is complete and ready to submit</b>
2)	<b>No Covered Members to Report</b>	<input type="checkbox"/>	By checking this box, I certify that I have reviewed the attached survey in its entirety and have determined that the above identified carrier licensed to sell health insurance in South Dakota has <u>ZERO</u> insured South Dakota members to report for all plan descriptions referenced on this form. <b>If you have covered members to report, please continue to next section.</b>
3)	<b>Not Marketing in 2018 or 2019</b>	<input type="checkbox"/>	By checking this box, I certify that I have reviewed the attached survey in its entirety and have determined that the above identified carrier licensed to sell health insurance in South Dakota is <u>NOT</u> actively marketing in 2018 and <u>DOES NOT INTEND</u> to market any of the product types referenced on this form in 2019 in South Dakota. <b>If you have marketing activity to report, please continue to next section.</b> <b>If you have checked the boxes for both questions 2 AND 3, the survey is complete and ready to submit.</b>

## Section 2: MAJOR MEDICAL

**Section 2 Instructions:** Complete Section per the General Instructions provided on page 1. Please note: The only members excluded from the **individual major medical** and **small group major medical** covered life counts are those covered by:

- Limited health plans that do not meet the definition of health benefit plans in [§ 58-17-66](#).
- Medicare supplement policies. (This category will be reported on page 3 of this form).
- Medicaid, Medicare, Federal Employee Health Benefit Plans, CHAMPUS and other similar programs.
- In the case of excess or stop loss coverage, those individuals already included in the primary carrier's count.

Are you actively marketing on 2018 and will continue to market OR plan to file to market in 2019 in the following categories:		2018		2019		Members covered under fully insured health benefit plans as of <b>March 31, 2018</b>				
		Yes	No	Yes	No	Members in Transitional Plans	Members in Grandfathered Plans	Members in Non-Grandfathered / ACA Compliant Plans	Total Covered Members	Number of Total Covered Members in Closed Blocks
<b>Individual Major Medical</b>	On Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	0	0	0
	Off Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0
	If you answered <b>YES</b> to marketing, please provide:					Consumer Assistance phone #:		Website:		
<b>Small Group Major Medical</b> (Group Size: 1-50)	On SHOP Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A	0	0	0
	Off SHOP Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0
	If you answered <b>YES</b> to marketing, please provide:					Consumer Assistance Contact #:		Website:		
<b>Large Group Major Medical</b>	Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0	0	0	0
	If you answered <b>YES</b> to marketing, please provide:					Consumer Assistance Contact #:		Website:		

## Section 3: DENTAL

**Section 3 instructions:** Complete Section per the General Instructions provided on page 1. Please note: Off exchange group dental will include both small and large group covered members and Non-ACA plans..

<b>Individual Dental</b>	Are you actively marketing in 2018 and will continue to market OR plan to file to market in 2019 in the following categories:	2018		2019		Total Covered Members as of March 31, 2018	Number of Total Covered Members in Closed Blocks
		Yes	No	Yes	No		
	On exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
	Off exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
If you answered <b>YES</b> to marketing, please provide:		Consumer Assistance Contact #:		Website:			
<b>Group Dental</b>	Are you actively marketing in 2018 and will continue to market OR plan to file to market in 2019 in the following categories:	2018		2019		Total Covered Members as of March 31, 2018	Number of Total Covered Members in Closed Blocks
		Yes	No	Yes	No		
	On SHOP exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
	Off exchange (small and large group)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0	0
If you answered <b>YES</b> to marketing, please provide:		Consumer Assistance Contact #:		Website:			

## Section 4: OTHER HEALTH PRODUCTS

**Section 4 instructions:** Complete Section per the General Instructions provided on page 1. Please note: The "Other Products" category is a catch-all to account for any other products not reflected in listed categories and not considered an Excepted Benefits as defined on page 4. Any additional description required for a response in this area can be included in the 'Additional Comments' at the bottom of this page.

Are you actively marketing in 2018 and will continue to market OR plan to file to market in 2019 in the following categories:	2018		2019		If you answer yes to marketing, provide:		Members covered under plans as of March 31, 2018	Number of Covered Members that are in closed blocks
	Yes	No	Yes	No	Consumer Assistance Contact #	Website		
Individual Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
South Dakota Members covered by Medicare Cost Plan ending in 2018?							0	
Group Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Individual Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Group Long Term Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Individual Long Term Care Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Group Long Term Care Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Disability Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Other Products (see next page for description of Excepted Benefits) Do not include: <ul style="list-style-type: none"> <li>• Any products for categories listed above</li> <li>• Products defined as "Excepted Benefits"*</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Stop Loss and Excess Loss Coverage Enter the number of members covered under stop loss and excess insurance plans covering lives in South Dakota. The number of members covered would include stop loss or excess insurance on both fully insured and self-insured group plans.							0	0

### Additional Comments on methodology used to complete form:

If you have any questions, please feel free to contact Candy Holbrook at 605.773.3563 or via email at [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us).

Return completed form to [sdinsurancereports@state.sd.us](mailto:sdinsurancereports@state.sd.us).

## **\*Other Products (Applies to the "Other Products" category**

The "Other Products" category is a catch-all to account for any products that are not reflected in the form's listed categories and are not considered Excepted Benefits as defined below. Any additional description required for a response in this area can be included in the 'additional comments' section on the previous page.

### **Excepted Benefits are as follows:**

#### (1) Coverage

- (A) Coverage only for accident, or disability income insurance, or any combination thereof.
- (B) Coverage issued as a supplement to liability insurance.
- (C) Liability insurance, including general liability insurance and automobile liability insurance.
- (D) Workers' compensation or similar insurance.
- (E) Automobile medical payment insurance.
- (F) Credit-only insurance.
- (G) Coverage for on-site medical clinics.
- (H) Other similar insurance coverage, specified in regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

#### (2) If offered separately

- (A) Limited scope dental or vision benefits.
- (B) Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof.
- (C) Such other similar, limited benefits.

#### (3) If offered as independent, non-coordinated benefits

- (A) Coverage only for a specified disease or illness.
- (B) Hospital indemnity or other fixed indemnity insurance.

#### (4) If offered as separate insurance policy

Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act [42 USCS § 1395ss(g)(1)]), coverage supplemental to the coverage provided under chapter 55 of title 10, United States Code [10 USCS §§ 1071 et seq.], and similar supplemental coverage provided to coverage under a group health plan.

## **Glossary of Terms:**

### **Member:**

A person who has been enrolled as a subscriber, or an eligible dependent of a subscriber, and for whom the reporting entity has accepted the responsibility for the provision of basic health services as provided by contract. The survey should report members where the policy, including group policies, was issued in SD.

**Transitional Plans:** Plans allowed in accordance with Centers for Medicare and Medicaid (CMS) guidance issued on [November 14, 2013](#), [February 29, 2016](#), and [February 27, 2017](#) as well as SD Division of Insurance Bulletins [13-05](#), [14-03](#), [16-03](#) and [17-01](#).

**Grandfathered Plans:** Plans purchased on or before March 23, 2010 and are exempted from many changes required under the Affordable Care Act and have not changed in ways that substantially cut benefits or increase costs for plan holders. A grandfathered plan is required to disclose in its plan materials if it considers itself to be a grandfathered plan.

**Closed Blocks:** Plans that are no longer marketed or sold but have active policies and policyholders utilizing the plan.

**Medicare Cost Plan:** Medicare cost plans are operated by a legal entity licensed as an HMO in accordance with a cost reimbursement contract under Section 1876 of the Social Security Act and Title 42, Part 417 of the Code of Federal Regulations.