

**DIVISION OF INSURANCE**124 S. Euclid Ave., 2<sup>nd</sup> Floor, Pierre, South Dakota 57501  
Tel: 605.773.3563 Fax: 605.773.5369 dlr.sd.gov/insurance**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 16, 2022**. 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 605.773.5122 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 2022 and plan to market in 2023. 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, 2022*. 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. (By checking this box, your survey is complete).
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 as of March 31, 2022.  <b>If you have covered members to report, please continue to next section.</b>
3)	<b>Not Marketing in 2022 or 2023</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 2022 and <u>DOES NOT INTEND</u> to market any of the product types referenced on this form in 2023 in South Dakota.  <b>If you have marketing activity to report, please continue to next section.</b>

**If you have checked the boxes for both questions 2 AND 3, the survey is complete and ready to submit. \***

**\*Note: If BOTH boxes 2 & 3 are not checked, the number of covered lives and/or marketing activities should be identified in the appropriate categories on the following pages or the survey will be considered incomplete.**

## 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.(these will be reported on page 3)
- 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 in 2022 and will continue to market OR plan to file to market in 2023 in the following categories?		2022		2023		Members covered under fully insured health benefit plans as of <b>March 31, 2022</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:					<u>Consumer Assistance phone #:</u>		<u>Website:</u>		
<b>Small Group Major Medical</b> <small>(Group Size: 1-50)</small>	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:					<u>Consumer Assistance Contact #:</u>		<u>Website:</u>		
<b>Large Group Major Medical</b>	Large Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A	0	0	0	0
	If you answered <b>YES</b> to marketing, please provide:					<u>Consumer Assistance Contact #:</u>		<u>Website:</u>		

## 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 2022 and will continue to market OR plan to file to market in 2023 in the following categories?	2022		2023		Total Covered Members as of March 31, 2022	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:							
<u>Consumer Assistance Contact #:</u>		<u>Website:</u>					
<b>Group Dental</b>	Are you actively marketing in 2022 and will continue to market OR plan to file to market in 2023 in the following categories?	2022		2023		Total Covered Members as of March 31, 2022	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:							
<u>Consumer Assistance Contact #:</u>		<u>Website:</u>					

## 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 2022 and will continue to market OR plan to file to market in 2023 in the following categories?	2022		2023		If you answer yes to marketing, provide:		Members covered under plans as of March 31, 2022	Number of Covered Members that are in closed blocks
	Yes	No	Yes	No	Consumer Assistance Phone #	Website		
Short-Term Major-Medical Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Short Term Limited Benefit Health Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Individual Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Group Medicare Supplement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Individual Medicare Advantage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			0	0
Group Medicare Advantage	<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) <u>Do not include:</u> <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:**

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

## **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 South Dakota.

**Transitional Plans:** Plans allowed in accordance with Centers for Medicare and Medicaid (CMS) guidance issued in January 2021 permitting issuers to have renewed policies under the transitional policy continually since 2014. See <https://www.cms.gov/files/document/extension-limited-non-enforcement-policy-through-calendar-year-2022.pdf>.

**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.

**Short-Term Major-Medical Plans:** A major medical policy that is issued for a limited duration of less than twelve months and renewable at the option of the insurer.

**Short Term Limited Benefit Health Plans:** Any limited duration policy or certificate of specified disease, short-term hospital-surgical care, hospital confinement indemnity, or other policy or certificate that provides less benefits than essential health benefits.

**Other Products:** 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 (*only applicable to "Other" category on page 3*):**

- (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.