

# Instructions for Health Insurance Survey Report Calendar Year 2000

## General

Do not round dollar amounts or counts. Report in whole numbers.

Return all 3 pages of the survey form. If no business is written, respond with "NONE."

## Coverage Type

Individual insurance means non-group health insurance and coverage issued to an individual under a trust, employer or other similar group of individuals, regardless of the situs of delivery of the policy or contract, if the individual pays the premium and is not being covered under the policy or contract pursuant to continuation of benefits provisions. Individual insurance does not include health insurance coverage issued through a bona fide association. Individual insurance includes conversions from group health coverage.

Small Employer Group insurance means health insurance offered, delivered, issued for delivery or renewed to small employers that employed an average of at least 2 but not more than 50 employees on the business days during the preceding calendar year and that employ at least 2 employees on the first day of the health insurance plan year. Small employer group insurance includes health insurance coverage purchased through associations by small employers.

Other Group insurance means health insurance offered, delivered, issued for delivery or renewed to large employers that employed an average of at least 51 employees on the business days during the preceding calendar year and that employs at least 2 employees on the first day of the health insurance plan year. Other group includes association health insurance plans that provide coverage for eligible individual non-employer members and their dependents.

## Product Definitions

Accident: coverage singly or in combination, for death, dismemberment, disability, or hospital and medical care caused by an accident and includes accident only, travel accident, accidental death and dismemberment, student accident, blanket accident, specified accident.

Dental: stand-alone dental coverage. If dental benefits are part of a comprehensive medical plan, then include data in comprehensive medical plan. Include in product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Disability Income: loss of time coverage but does not include credit disability

Hospital Expense: coverage only for hospital confinement expenses including hospital outpatient expenses

Hospital Indemnity: daily benefits for hospital confinement on an indemnity basis only

Long Term Care: coverage for at least 12 consecutive months for diagnostic, preventive, therapeutic, rehabilitative, maintenance, or personal care services, provided in a setting other than an acute care unit of a hospital and includes products that provide benefits for cognitive impairment or loss of functional capacity. This line should include products providing only nursing home care, home health care, community based care or any combination.

Comprehensive Medical: coverage for hospital, medical, and surgical expenses (not supplemental coverage and may include dental and vision benefits). Include product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Medicare Supplement: coverage designed as a supplement to reimbursement under Medicare for hospital, medical or surgical expenses of a person eligible for Medicare

Medical Expense: coverage only for surgical, anesthesia and in-hospital medical expenses rendered by a physician

Specified Disease: coverage for diagnosis and treatment of a specifically name disease such as cancer.

Vision: stand-alone vision coverage. If vision benefits are part of a comprehensive medical plan then include data in comprehensive medical plan. Include product data in the PPO category only if the insured is responsible for reduced cost sharing when the insured uses a provider with which the insurer has an agreement.

Other: supplemental or limited-benefit products that provide health insurance coverage not meeting one of the above product definitions.

## Data Category

**# Policies In Force Beg of Year:** number of policies in force on December 31, 1998. In the case of group coverage (employer or association), if no policies are actually in force in Alaska, but individuals in Alaska are covered under a group policy in force in another state, record 0 policies in force.

**# Individuals Covered Beg of Year:** number of Alaskan's covered under all (not just those in force in Alaska) policies in force on December 31, 1998 as reported in the prior column. For example, a family policy covering two parents and 2 children would count as 4 individuals covered, an employer health plan that covers 25 employees and their 40 dependents would count as 65 individuals covered (1 policy).

**# New Policies Issued During the Year:** number of policies (not individuals covered) newly issued during 1999 (do not include renewed policies).

**# Individuals Newly Issued Coverage During the Year:** number of people newly issued coverage during the 1999. For example, new employees and their dependents covered under an existing health insurance plan would count as individual newly issued coverage during the year, even though the policy was not newly issued during the year.

**# Policies Terminated During the Year:** number of policies terminated during 1999.

**# Covered Individuals Terminated During the Year:** number of people whose coverage terminated during 1999.

**# Policies In Force End of Year:** number of policies in force on December 31, 1999. In the case of group coverage (employer or association), if no policies are actually in force in Alaska, but individuals in Alaska are covered under a group policy in force in another state, record 0 policies in force. This total should balance to # Policies In Force Beg of Year + # New Policies Issued During the Year - # Policies Terminated During the Year.

**# Individuals Covered End of Year:** number of people covered under policies in force on December 31, 1999 as reported in the prior column. For example, a family policy covering 2 parents and 2 children would count as four individuals covered, an employer health plan that covers 25 employees and their 40 dependents would count as 65 individuals covered (1 policy). This total should balance to # Individuals Covered Beg of Year + # Individuals Newly Issued Coverage During the Year - # Covered Individuals Terminated During the Year.

Earned Premium and Incurred Claims: premiums and claims incurred during 1999 by product and data category.

**Individual Health Insurance**

For Life and Health Insurance Companies, earned premium and incurred claims total should balance to 1999 Alaska State Page, Accident and Health Insurance section, Collectively Renewable Policies + Other Individual Policies.

For Property and Casualty Insurance Companies, earned premium and incurred claims total should balance to the 1999 Alaska State Page, Accident and Health lines (15.1-15.6).

**Small Employer and Other Group Health Insurance**

For Life and Health Insurance Companies, the sum of the Small Employer Group and the All Other Group earned premium and incurred claims should balance to 1999 Alaska State Page, Accident and Health Insurance section, Line 23, Group Policies.

For Property and Casualty Insurance Companies, the sum of the Small Employer Group and the All Other Group earned premium and incurred claims should balance to the 1999 Alaska State Page, Group Accident and Health line (13) plus any employer or stop loss reported in the liability lines.