

KY DEPARTMENT OF INSURANCE
HEALTH BENEFIT PLAN SUMMARY SHEET - FORM FILINGS

1. COMPANY NAME: _____ NAIC# _____
(NAME LISTED ON THE CERTIFICATION OF AUTHORITY AND/OR ARTICLES ON INCORPORATION)
D/B/A: _____
(NAME LISTED ON THE FIELD CERTIFICATE OF ASSUMED NAME)

2. POLICY FORM NUMBER(S): _____

3. COMPANY FILING NUMBER (If Applicable): _____

4. PRODUCT NAME: _____

5. PRODUCT TYPE: FFS PPO POS HMO

6. PPO OR POS PLAN REQUIRES OUT-OF-NETWORK REFERRAL: YES NO

7. MARKET SEGMENT: LG. GROUP SM. GROUP ASSOCIATION INDIVIDUAL

8. PRODUCT INCLUDES A MINIMUM LOSS RATIO GUARANTEE BENEFIT: YES NO

9. HEALTH BENEFIT PLAN STATUS. THIS FILING IS:

- THE STANDARD PLAN ()
- A NON-STANDARD PLAN ()

10. THIS FILING IS:

- A COMPLIANCE RIDER ()
- A PRODUCT FOR SALE WITH A MEDICAL SAVINGS ACCOUNT ()
- A CONVERSION POLICY ()
- A STATE GROUP PRODUCT ()

COMPLETED BY: _____