

KY DEPARTMENT OF INSURANCE
HEALTH SUMMARY SHEET – FORM FILINGS

1. COMPANY NAME: _____ NAIC# _____
D/B/A: _____

2. POLICY FORM NUMBER(S): _____

3. COMPANY FILING NUMBER (If Applicable): _____

4. PRODUCT NAME: _____

5. PRODUCT TYPE: FFS PPO POS HMO (Must be licensed as an HMO)
EPO Other _____

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

7. MARKET SEGMENT: LG. GROUP SM. GROUP ASSOCIATION INDIVIDUAL
EMPLOYER ORGANIZED ASSOCIATION SELF INSURED EMPLOYER ORGAIZED ASSOCIATION (MEWA)

ANSWER THE FOLLOWING QUESTIONS FOR HEALTH BENEFIT PLAN FILINGS:

8. PRODUCT INCLUDES A MINIMUM LOSS RATIO GUARANTEE BENEFIT (KRS 304.17A-095(6)) YES NO

9. THIS FILING IS:

- A High Deductible Health Plan with Health Savings Account ()
- A Conversion Policy ()
- Other _____ ()

10. THIS FILING IS:

- Grandmothered/Transitional ()
- Grandfathered Plan ()
- Non-Grandfathered On Exchange Off Exchange ()

ANSWER THE FOLLOWING FOR LIMITED HEALTH SERVICE BENEFIT PLAN FILINGS:

11. THIS FILING IS:

- A New Limited Health Service Benefit Plan ()
- A Revision to a Previously Filed Limited Health Service Benefit Plan ()
- Short Term Nursing ()

12. FOR DENTAL ONLY:

- On Exchange Off Exchange Exchange Certified
Stand-Alone Dental

COMPLETED BY: _____