

**UTAH ACCIDENT & HEALTH INSURANCE**  
**INTAKE SURVEY FOR H15, H16 & HOrg02 FILINGS**  
(Do not complete this survey for filing types other than H15, H16, and HOrg02)

LICENSEE NAME \_\_\_\_\_ NAIC# \_\_\_\_\_

**Section A - H15 filings**

What describes the plan (select **ONLY** one)

- |  |  |
|--|--|
| <input type="checkbox"/> Hospital only expense                                       | <input type="checkbox"/> Surgical only expense       |
| <input type="checkbox"/> Medical only expense  | <input type="checkbox"/> Hospital & Surgical expense |
| <input type="checkbox"/> Medical & Surgical expense                                  | <input type="checkbox"/> Hospital & Medical expense  |
| <input type="checkbox"/> Hospital, Medical, and Surgical expense (supplemental only) |  |

\*If the above identified plan is offered as a substitute for health care coverage, it is considered a health benefit plan for purposes of Utah laws and rules. Submit the filing with TOI H16 and complete Section B of this survey.

**Section B - H16, and HOrg02 filings**

1. Is the plan offered as a substitute for hospital or medical insurance?  Yes  No
  
2. Is the plan the Basic Health Care Plan required by 31A-22-613.5?  Yes  No  
Has the plan been submitted to the Utah Health Exchange for posting, 63A-1-2504?  Yes  No  
 Issued prior to 2010  
 Issued January 1, 2010 or later
  
3. Is the plan the Utah NetCare plan or Alternative coverage, 31A-22-724?  Yes  No  
Is it Alternative coverage for  COBRA,  Mini-COBRA, or  Conversion?  
Does the plan provide:  
 Utah NetCare benefits, 31A-22-724(2); OR  
 Benefits that are at least actuarially equivalent to the Utah NetCare Plan, 31A-22-724(2)(b).
  
4. Is this health benefit plan providing benefits pursuant 31A-22-618.5?  Yes  No  
HMO licensee  
Does the plan limit any of the following as allowed under 31A-22-618.5(2)?  
 Indemnity benefits  
 Point of service 31A-8-408(3) through (6)  
 Basic Health Care Services  
Licensee other than a HMO  
Does the plan limit any of the following as allowed under 31A-22-618.5(3)?  
 Tiered contracted providers  
 Payment of benefits for any licensed health care professionals  
Identify: \_\_\_\_\_
  
5. Does the coverage exclude any of the following Utah mandates?  
 Adoption indemnity  Inborn metabolic errors  
 Primary care physician  Coverage of diabetes  
 Standing referral to a specialist
  
6. Is the plan offered on the Utah Health Exchange, 63M-1-2504?  Yes  No  
Is the plan offered in the defined contribution market on the Utah Health Exchange?  Yes  No  
Identify the plan type, 31A-30-205:  
 Basic Health Care Plan  
 Plan with an actuarial value at least 15% greater than the Basic Health Care Plan  
 Plan with benefits actuarially richer than the Basic Health Care Plan

**I HEREBY CERTIFY** that I have reviewed the above. The filing is correct and in compliance with all applicable provisions of Utah laws and rules. Filing will be rejected if an incomplete or incorrect survey is submitted.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions contact Health Division at (801) 538-3861 or [health.uid@utah.gov](mailto:health.uid@utah.gov).