| Market Conduct Survey  |   |
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| TO: ALL HEALTH INSURANCE ISSUERS AND HEALTH MAINTENANCE ORGANIZATIONS  |   |
| FROM: JAMES J. DONELON, COMMISSIONER OF INSURANCE  |   |
| RE: MARKET CONDUCT SURVEY  |   |
| DATE: December 12, 2014  |   |
| This survey is intended to monitor compliance with Act 283 of the 2013 Regular Legislative Ses enacted 22:1568, and with Advisory Letter 2014-01, issued by the Louisiana Department of Insurvite health insurance in the state of Louisiana are required to complete this survey and return Failure to accurately complete this survey may subject issuers to sanctions under Title 22 of the not attach or otherwise submit copies of their commission schedules in response to this survey.   | urance (LDI) on May 2, 2014. All insurers licensed to it to LDI no later than Friday, January 9, 2015.  |
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| *1. Please enter contact info:   |   |
| Name of Person   |   |
| Responding:  |   |
| Company Name:  Phone Number for Person   |   |
| Responding:  |   |
| Responding:  |   |
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| *2. Do you issue or issue for delivery any policy or contract state which would constitute major medical health insurant of the property of th |   |
| (1) Although major medical health insurance coverage may not be expressly defined by the Lou from both the context and structure of both state and federal laws and regulations. If a particular requirements of the Health Insurance Portability and Accountability Act of 1996 (for example, viguaranteed renewability provisions of said act), and especially if a particular form of health insurance I of the Affordable Care Act, then it can be properly said to be "major medical" health insurance products, or other forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected benefits or income replacement described by the Lourier forms of expected by | r form of health insurance coverage is subject to the vith respect to the guaranteed availability and rance coverage is subject to the requirements of rance coverage. Limited benefits products, |
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| *3. Act 283 of the 2013 Regular Sessions requires that an issuer establish "one or more" schedules of commission(s) for the sale of each "health insurance product." Advisory Letter 2014-01 interpreted the phrase "health insurance product" as major medical insurance coverage. As an issuer, have you established one or more schedules of commission for each of the major medical health insurance products issued or issued for delivery by you in this state? |  |
| O YES  |  |
| © NO   |  |
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| *4. Please explain how you monitor for compliance with both statue, La. R.S. 22:1568, and Advisory Letter 2014-01, by identifying the business or administrative practices that ensure that the commission schedules are "uniformly applied to all producers within the same schedule".  |  |
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| *5. As an issuer, have you established performance criteria for the payment of incentive compensation in excess of or in addition to your commission schedule(s)?  |  |
| © YES  |  |
| <ul><li>NO</li><li>This issuer does not award incentive compensation.</li></ul>  |  |
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| *6. Please explain how you monitor for compliance with the requir   | ement that such                                   |
| incentive compensation is awarded in compliance with Advisory Le  |   |
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| *7. As an issuer, do you collect or intend to collect agency fees at  | itnorizea under La. K.S.                          |
| 22:855 on behalf of health producers or brokers?  |   |
| O YES   |   |
|   |   |
| O NO  |   |
| © NO  |   |
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| *8. Please provide a description of the process(es) employed or to  |   |
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| Certification  |
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| I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF that the information being provided to the Louisiana Department of Insurance is true and correct. I have been authorized to provide this information. This certification shall have an evidentiary effect for any regulatory action provided for in Title 22 of the Louisiana Revised Statutes of 1950, if it is later found that the information being provided is not a true and correct representation by the health insurance issuer or health maintenance organization. |
| *9. Please type your initials here if you agree to the above information   |
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