TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Life and Health Actuarial Office (106-1A)
333 Guadalupe, Austin, Texas 78701 PO Box 149104, Austin, Texas 78714-9104
(512) 676-6889 | F: (512) 490-1017 | (800) 578-4677 | TDI.texas.gov | @TexasTDI

CCP - Figure 2
Consumer Choice Health Benefit Plans Data
Certification to the Texas Department of Insurance
Relating to Requirements of the 28 TAC §21.3544

Cover Sheet

Company Information

Company Name: _____ Address: _____

NAIC Number: _____ City: _____

TDI Number: _____ State: _____

Reporting Year: _____ ZIP Code: _____

Contact Information

Contact Name: _____ Address: _____

Title: _____ City: _____

Phone Number: _____ State: _____

Email Address: _____ ZIP Code: _____

May TDI release this email address?: _____ Submission Date: _____

The following information, related to fully-insured Consumer Choice health benefit plans issued by health carriers in this state, is required to be provided no later than April 1 of each calendar year, under 28 TAC 21.3544. Please note that for each market plan type listed, the total number of renewed plans reported in a calendar year generally should NOT exceed the total number of plans (newly issued and renewed combined) reported in the previous year. Likewise, the number of lives covered under renewed plans as reported should generally not exceed the total number of lives covered as reported in the previous year. For example, if a company reports a total of 4,500 newly issued and renewed Consumer Choice individual plans in one year, the total number of *renewed* plans reported in the subsequent year should not exceed 4,500. An exception would be if a company assumed a new block of business from another company, thus increasing the number of plans renewed in a subsequent year beyond the total reported for the previous year. If that has occurred, please indicate the assumed company's name and detailed information in item 7, the Additional Information field.

Please note that throughout this data form, "number of lives" includes all covered individuals, including members/ employees, spouses, and dependents. Do not report only the number of certificate holders or employees.

If reporting more than one insurer or HMO, a separate form is required for each licensed entity.

1. Report the total number of Consumer Choice plans newly issued and renewed by type of plan.

	Market Plan Type	Number of Consumer Choice Plans Newly Issued	Number of Consumer Choice Plans Renewed
(A)	Individual Accident and Health		
(B)	Group Association (Non Bona Fide)		
(C)	Group Association (Bona Fide)		
(D)	Group Blanket Accident and Health		
(E)	Small Employer Accident and Health		
(F)	Large Employer Accident and Health		
(G)	Individual HMO		
(H)	Group Association HMO (Non Bona Fide)		
(I)	Group Association HMO (Bona Fide)		
(J)	Group Blanket HMO		
(K)	Small Employer HMO		
(L)	Large Employer HMO		

Clear Table

2. Report the total number of lives (including members/employees, spouses, and dependents) covered under newly issued and renewed Consumer Choice plans.

	Market Plan Type	Number of Insured Lives - Newly Issued Plans	Number of Insured Lives - Renewed Plans
(A)	Individual Accident and Health		
(B)	Group Association (Non Bona Fide)		
(C)	Group Association (Bona Fide)		
(D)	Group Blanket Accident and Health		
(E)	Small Employer Accident and Health		
(F)	Large Employer Accident and Health		
(G)	Individual HMO		
(H)	Group Association HMO (Non Bona Fide)		
(I)	Group Association HMO (Bona Fide)		
(J)	Group Blanket HMO		
(K)	Small Employer HMO		
(L)	Large Employer HMO		

Clear Table

3. Report the total number of Consumer Choice plans that were cancelled or non-renewed during the previous calendar year (and were not in effect as of December 31), the total number of covered lives, and gross premiums paid for those plans.

	Market Plan Type	Number of Plans Cancelled or Non-Renewed	Number of Lives Covered under Cancelled or Non-Renewed Plans	Gross Premiums for All Cancelled or Non-Renewed Plans Not in Effect on 12/31
(A)	Individual Accident and Health			
(B)	Group Association (Non Bona Fide)			
(C)	Group Association (Bona Fide)			
(D)	Group Blanket Accident and Health			
(E)	Small Employer Accident and Health			
(F)	Large Employer Accident and Health			
(G)	Individual HMO			
(H)	Group Association HMO (Non Bona Fide)			
(I)	Group Association HMO (Bona Fide)			
(J)	Group Blanket HMO			
(K)	Small Employer HMO			
(L)	Large Employer HMO			

Clear Table

4. Report gross premiums received for newly issued and renewed Consumer Choice plans.

Market Plan Type		Consumer Choice Gross Premiums Newly Issued	Consumer Choice Gross Premiums Renewed
(A)	Individual Accident and Health		
(B)	Group Association (Non Bona Fide)		
(C)	Group Association (Bona Fide)		
(D)	Group Blanket Accident and Health		
(E)	Small Employer Accident and Health		
(F)	Large Employer Accident and Health		
(G)	Individual HMO		
(H)	Group Association HMO (Non Bona Fide)		
(I)	Group Association HMO (Bona Fide)		
(J)	Group Blanket HMO		
(K)	Small Employer HMO		
(L)	Large Employer HMO		

Clear Table

5. Report the number of plans issued to individuals that were uninsured for at least two months prior to issue, and the number of covered lives under those plans.

Market Plan Type		Plans Issued to Previously Uninsured	
		Number of Consumer Choice Plans Issued	Number of Covered Lives
(A)	Individual Accident and Health		
(B)	Group Association (Non Bona Fide)		
(C)	Group Association (Bona Fide)		
(D)	Group Blanket Accident and Health		
(E)	Small Employer Accident and Health		
(F)	Large Employer Accident and Health		
(G)	Individual HMO		
(H)	Group Association HMO (Non Bona Fide)		
(I)	Group Association HMO (Bona Fide)		
(J)	Group Blanket HMO		
(K)	Small Employer HMO		
(L)	Large Employer HMO		

Clear Table

6. Report the number of Consumer Choice plans in force on December 31 and the number of lives covered based on the first three digits of the ZIP code of the employer's principal place of business, or the individual's place of residence.

Three-digit ZIP code	Number of Consumer Choice Plans	Number of Lives Covered
733		
739		
750		
751		
752		
753		
754		
755		
756		
757		
758		
759		
760		
761		
762		
763		
764		
765		
766		
767		
768		
769		
770		
772		
773		
774		
775		
776		
777		
778		
779		
780		
781		
782		
783		
784		
785		
786		
787		
788		
789		
790		
791		
792		
793		
794		
795		
796		
797		
798		
799		
885		
Other: Texas		
Other: Non-Texas		

Clear Table

7. Additional Information

8. Data Certification

☐ By checking this box, I attest that all information contained in this form is a full and true statement in accordance with the instructions provided to the best of my information, knowledge, and belief.

Name _____ Phone Number _____

Title _____

Print Form | Submit By Email

Interactive Form Instructions

Form LHL610 contains form fields that companies will complete on-screen using Adobe reader 9.0 (or higher). You can then print the PDF form or export the form data to a separate file after completion. Following are instructions on how to complete and submit the data collection form.

- Select the Hand tool or use the tab key to navigate between form fields.
- To make form fields easier to identify in the PDF file, do any of the following in the Document Message Bar:
  - To display a light blue color in the background of all form fields, select Highlight Fields.
  - To display a red outline around all form fields that you are required to fill, select Highlight Required Fields. (Using this option will display the form's required fields.) **You will not be able to submit form LHL610 if you have not completed all required fields**.
- The form fields are preformatted, and the correct formatting will appear when you tab to the next field. The following examples demonstrate the correct data entry format.
  - Round premium amounts to the nearest cent. For example, for an average premium of "$5.25" enter "5.25".
  - Enter numerical (non-currency) data without any formatting. For example, enter "2,500 as "2500".
  - The form will not accept text responses in numerical or currency fields.

Data Submission Instructions

After completing the PDF form as described above, print the form for your records by clicking the "Print Form" button located at the bottom of the form. You will not be able to save the completed form. Then, submit the file to TDI as follows:

- If you are using a desktop email application, make sure the application is open before attempting to submit the form. Then click the "Submit by Email" button located at the bottom of the form. A new email message with an XML file attachment should appear. Ensure that the message is addressed to HealthData@tdi.texas.gov and that the subject includes the NAIC number.
- If you are using an internet-based email application, such as Gmail, Hotmail, etc., the Select Email Client dialog box will appear after you click the "Submit by Email" button located at the bottom of the form. Select the "Internet Email" option, and then click OK. Save the survey file as an XML file using the default filename (lhl610.xml). Then, open your internet-based email application and attach the XML file to your email. Address the message to HealthData@tdi.texas.gov, and enter "CCP - Figure 2 Data Call" as the subject of the message. Include the company's name and NAIC number in the body of the message.

As stated previously, you will not be able to submit form LHL610 if you have not completed all required fields. If a required field is blank when you click the "Submit by Email" button, you will receive an error message and a red border will appear around the field(s) that requires completion. Once all such fields are completed, you may try to submit your data again using the "Submit by Email" button.

To ensure that company data is complete and processed correctly, TDI will only accept surveys returned in XML format as described above. TDI will not accept any survey returned in a different format, including scanned PDF files.

Send all questions concerning the CCP - Figure 2 Data Call via email to HealthData@tdi.texas.gov.