

**Bureau of Life, Accident and Health Insurance**  
**Short-Term, Limited-Duration Insurance Form Filings**  
**Plans Issued on or after October 2, 2018**

**Purpose and Goals**

- To provide instructions for submission of forms and rates for short-term, limited-duration insurance offered in Pennsylvania.
- PID's goal is to make health plan regulation as efficient and streamlined as possible for health insurers, thereby reducing costs and complications and supporting a robust insurance market in Pennsylvania.
- Short-term, limited-duration insurance (STLDI) has only been approved in the Pennsylvania market on an individual basis; however, we will remain open to issuer's making a case that supports filing STLDI as a group product.

**Submission Requirements for Short-Term, Limited-Duration Plan filings**

Short-term, limited-duration insurance is considered major medical coverage under Pennsylvania law. To the extent benefits are added to short-term, limited-duration coverage, they must comply with applicable statutory and regulatory requirements.

- All form filing entities that submit forms and rates used in Pennsylvania remain subject to, and must comply in all respects with, Pennsylvania's insurance laws and regulations.
- PID retains its ability to take after-use enforcement and seek any available remedy for non-compliant forms or rates.
- An insurer will be responsible for ensuring that all of its insureds are provided the full benefits provided by state law.
- One complete filing per product.
  - A complete filing is required even if the policy form to be issued has no changes from previously approved or submitted documents other than adding the required federal notice language.
    - A complete filing includes any riders or endorsements.
  - When submitting previously approved forms, modify the form by:
    - Adding the federally required notice language provided in Short-Term, Limited-Duration Insurance, 83 Fed. Reg. 38212, 38243 (Aug. 3, 2018) (to be codified at 45 C.F.R. § 144.103)
    - Adding a revision date to indicate the first effective date for which the form is intended to be used, and
    - Providing a redline version of any amended documents.
  - Provide a signed letter identifying all proposed changes in the form.
- It is our expectation that STLDI filings be filed with the correct NAIC classification in SERFF: TOI-H16I.004, Individual Health-Major Medical, Short-Term.
  - Every form submission should include

- a PID work sheet (with form number and SERFF tracking number)
  - Certification of Compliance
  - Policy form or certificate (as applicable) with a disclosure watermark indicating that the coverage is short-term, limited-duration insurance
  - Schedule of Benefits
  - Application
  - Outline of Coverage
  - Any document referenced in the Policy, Schedule of Benefits, Application or Outline of Coverage
  - Marketing materials including, but not limited to, plan brochures; outgoing call, television and radio scripts; and language to be used on web-sites
  - Submission (Transmittal) letter
  - Statement of Variability
  - Benefit Matrix, if applicable
  - Redline of previously approved forms
  - Summary of Benefits and Coverage (SBC)
  - Other supporting documentation as required
- The Compliance checklist contains a list of statutory requirements, including Pennsylvania Mandates
- Short-Term, Limited-Duration plans must be filed for approval at least 45 days before their effective date.
- Statements of Variability
  - Variable language in the forms may be used as described here but must be clearly identified and defined completely in the Statement of Variability.
  - Variability within a filing is limited to cost-sharing. Benefits cannot be variable.
  - Describe cost-sharing and benefit crosswalk for each plan design being sold by use of a benefit matrix submitted in excel format (submitted as supporting documentation).
- SBC Submission requirements
  - In order to avoid potential violation of Pennsylvania's unfair trade practices provisions, STLDI submissions should include complete SBCs for each product. All limitations and exclusions must be clearly identified on the SBC.
  - SBCs should clearly describe applicable exclusions and limitations sufficient to allow for comparison with other major medical coverage.
- Forms and Rates must be submitted in separate filings and linked using Corresponding Filing Tracking Number field in the General Information tab in SERFF
- If the coverage includes use of a network, a network plan must be filed with and approved by the Department of Health. See 28 Pa. Code §9.679.