

2010 IMMUNIZATION ASSESSMENT SURVEY - TPA

Name of Third Party Administrator		Idaho TPA license number	
Business Address (Physical Location)		City	State
Mailing Address		City	State
Business Phone	Fax Number	Name of Contact Person	E-mail Address
A TOTAL NUMBER OF SUBSCRIBERS AND DEPENDENTS ¹	B NUMBER OF DEPENDENTS AND SUBSCRIBERS <u>WITH</u> COVERAGE FOR CHILDHOOD VACCINES ²	C NUMBER OF DEPENDENTS <u>WITHOUT</u> COVERAGE FOR CHILDHOOD VACCINES ³	
PLANS REPORTED			
Provide the following information for <u>each</u> plan included in A-C above.			
Plan Name	Total # Covered Lives(A)	Number of Dependents (B)	Insurer(if applicable)

Plan is defined as *any entity subject to regulation by the department that provides insurance or health benefit plans, or that administers health insurance or health benefit coverage or that otherwise provides a plan of health insurance or health benefits; or a foreign insurer who provides health insurance coverage or benefits to residents of this state as certificate holders under a group policy issued or delivered outside of this state.*

- 1 All subscribers and their dependents, regardless of age, who have health coverage (whether primary or secondary) as of February 28, 2010 with a mailing address within the State of Idaho (the subscriber's mailing address applies to the subscriber and all of his or her dependents).
- 2 All subscribers and dependents with a birth date after December 31, 1991, who have health coverage (whether primary or secondary) as of February 28, 2010 with childhood vaccine coverage and a subscriber mailing address within the State of Idaho (the subscriber's mailing address applies to the subscribed and all of his or her dependents).
- 3 If a TPA cannot identify the number of dependents without coverage for childhood vaccines, the dependents must be included under item (B).