

State of New Hampshire Insurance Department

REVIEW REQUIREMENTS CHECKLIST FOR MEDICARE SUPPLEMENT

LINE OF BUSINESS: MEDICARE SUPPLEMENT

TOI CODES: MS08G through MS08I

INSTRUCTIONS FOR SERFF FILINGS CHECKLIST:

- A. For ALL filings, the [Submissions Requirements Checklist](#) MUST be completed, signed and attached to the supporting documentation tab.
- B. For a FORM filing, the completion of additional sections below must be completed, depending on the forms submitted.
  - a. Policy/Certificate
  - b. Riders, endorsements or amendments
  - c. Applications
  - d. Advertising
  - e. Annual Actuarial Certification
- C. RATES are required to be filed in accordance with [NHCAR Part Ins 401.13 \(m\)](#) and [NHCAR Part Ins 4100](#), [NHCAR Part Ins 1905.16-17](#). Additional requirements may be necessary, depending on the Type of Insurance (TOI).

**This checklist MUST be completed to assist in the submission and review of forms submitted to the New Hampshire Insurance Department. It is not intended to be an all inclusive listing of required provisions, rather guidance for areas of frequent questions and areas needing special attention. All New Hampshire Statutes and Rules are available at:**

[http://www.gencourt.state.nh.us/rules/state\\_agencies/ins.html](http://www.gencourt.state.nh.us/rules/state_agencies/ins.html)  
<http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-XXXVII.htm>

TABLE OF CONTENTS

[SECTION 1 GENERAL REQUIREMENTS](#)

[SECTION 2 APPLICATIONS](#)

[SECTION 3 POLICY FORM/DESCRIPTION OF COVERAGE /CERTIFICATE FORM](#)

[SECTION 4 RATES](#)

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
<b>SECTION 1 GENERAL REQUIREMENTS</b>				
ADVERTISING	<a href="#">RSA 415-F:7</a>  <a href="#">NHCAR Part Ins 2603</a>  <a href="#">Bulletin INS No. 08-062-AB</a>	<p><b>Filing Requirements for Advertising.</b> – Every issuer of Medicare supplement insurance policies or certificates in this state shall provide a copy of any Medicare supplement advertisement intended for use in this state whether through written, radio or television medium to the commissioner of this state for review or approval by the commissioner to the extent it may be required under state law.</p> <p>ADVERTISEMENTS OF MEDICARE SUPPLEMENT INSURANCE WITH INTERPRETIVE GUIDELINES</p> <p>Disclosure: “The purpose of this communication is the solicitation of insurance. Contact will be made by an insurance agent or insurance company.”</p> <p>Marketing materials that do not include this language prominently, and in the first portion of the text of the advertisement will not be approved and their use will be considered by the department to violate the prohibition against cold lead advertising set forth in Ins. 1905.22 (b)(3).</p>	<b>YES</b>	<b>NO</b>  <b>PAGE # OR REASON</b>
DEFINITIONS	<a href="#">NHCAR Part Ins 1905.03 and 1905.04</a>		<b>YES</b>	<b>NO</b>  <b>PAGE # OR REASON</b>
READABILITY	<a href="#">RSA 420-H:5</a>	<p>I (a) The text achieves a minimum score of 40 on the Flesch reading ease test or an equivalent score on any other comparable test as provided in</p>	<b>YES</b>	<b>NO</b>  <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		paragraph III; (b) It is printed, except for specification pages, schedules and tables, in not less than 10 point type, one point leaded; (c) The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the text of the policy or to any endorsements or riders; and (d) It contains a table of contents or an index of the principal sections of the policy, if the policy has more than 3,000 words printed on 3 or fewer pages of text, or if the policy has more than 3 pages regardless of the number of words.	
READABILITY – Index/Table of Contents and Bookmarking	<a href="#">RSA 420-H:5</a>  <a href="#">NHCAR Part Ins 401.13 (h)</a>	All policy forms containing 3,000 or more words or printed on 3 or more pages shall contain a table of contents or an index of the principal sections of the policy and shall be electronically bookmarked.	<b>YES</b> <b>NO</b>  <b>PAGE # OR REASON</b>
READABILITY - Certification	<a href="#">RSA 420-H:5</a>	Certification signed by company officer	<b>YES</b> <b>NO</b>  <b>PAGE # OR REASON</b>
OTHER – Permitted Compensation Arrangements	<a href="#">NHCAR Part Ins 1905.18</a>	(a) An issuer or other entity may provide commission or other compensation to an agent or other representative for the sale of a Medicare supplement policy or certificate only if the first year commission or other first year compensation is no more than 200% of the commission or other compensation paid for selling or servicing the policy or certificate in the second year or period. (b) The commission or other compensation provided in subsequent renewal years shall be the	<b>YES</b> <b>NO</b>  <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		same as that provided in the second year or period and shall be provided for no fewer than 5 renewal years.	
VARIABILITY	<a href="#">NHCAR Part Ins 401.13 (p)</a>	All variable language shall be identified by the use of brackets, accompanied by a statement of variability, and attached on the supporting document tab in SERFF which shall describe the full range of variability. Variable language shall not be approved if the variable language prevents review of the policy for compliance with minimum standards or the requirements of RSA 415:2.	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
<b>SECTION 2 APPLICATIONS</b>			
APPLICATIONS	<a href="#">NHCAR Part Ins 401.12</a> <a href="#">NHCAR Part Ins 401.12 (a)</a>  <a href="#">NHCAR Part Ins 1905.20</a>  <a href="#">NHCAR Part Ins 1905.26</a>	Standards that apply to all applications. Statements are representations, not warranties.  Requirements for Application Forms and Replacement Coverage.  Prohibition Against Use of Genetic Information and Requests for Genetic Testing (GINA)	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	<a href="#">NHCAR Part Ins 401.12 (c)</a>  <a href="#">NHCAR Part Ins 401.12 (d)</a>  <a href="#">RSA 401.12 (e)</a>	<p>Medical questions of a technical nature beyond the capability of the average applicant, such as a detailed gastrointestinal questionnaire, shall be prohibited.</p> <p>No provision shall be permitted in an application that changes the terms of the policy to which it is attached;</p> <p>Questions as to race or ethnicity shall be prohibited.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
APPLICATIONS - Required Questions	<a href="#">NH CAR Part Ins 1905.20</a>	<p>(a) Application forms shall include the following questions designed to elicit information as to whether, as of the date of the application, the applicant currently has Medicare supplement, Medicare Advantage, Medicaid coverage, or another health insurance policy or certificate in force or whether a Medicare supplement policy or certificate is intended to replace any other accident and sickness policy or certificate presently in force. A supplementary application or other form to be signed by the applicant and agent containing such questions and statements may be used.</p> <p>1) [Statements]:</p> <p>2) [Questions]:</p> <p>(b) Agents shall list any other health insurance policies they have sold to the applicant.</p> <p>(1) List policies sold which are still in force.</p> <p>(2) List policies sold in the past 5 years that are no longer in force.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>(c) In the case of a direct response issuer, a copy of the application or supplemental form, signed by the applicant, and acknowledged by the insurer, shall be returned to the applicant by the insurer upon delivery of the policy.</p> <p>(d) Upon determining that a sale will involve replacement of Medicare supplement coverage, any issuer, other than a direct response issuer, or its agent, shall furnish the applicant, prior to issuance or delivery of the Medicare supplement policy or certificate, a notice regarding replacement of Medicare supplement coverage. One copy of the notice signed by the applicant and the agent, except where the coverage is sold without an agent, shall be provided to the applicant, and an additional signed copy shall be retained by the issuer. A direct response issuer shall deliver to the applicant at the time of the issuance of the policy the notice regarding replacement of Medicare supplement coverage</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
APPLICATIONS - Replacement Notice	<a href="#">NHCAR Part Ins 1905.20 (e)</a>	<p>(e) The notice required by 1905.20 (d) above for an issuer shall be provided in substantially the following form in no less than 12-point type.</p> <p><b>NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE</b></p> <p><b>OR MEDICARE ADVANTAGE</b> [Insurance company's name and address]</p> <p><b>SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.</b></p> <p>According to [your application] [information you have furnished], you intend to terminate existing Medicare supplement or Medicare Advantage insurance and replace it with a policy to be issued by [Company Name] Insurance Company. Your new policy will provide thirty (30) days within which you may decide without cost whether you desire to keep the policy.</p> <p>You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that purchase of this Medicare supplement coverage is a wise decision, you should terminate your present Medicare supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>STATEMENT TO APPLICANT BY ISSUER, AGENT [BROKER OR OTHER REPRESENTATIVE]:</p> <p>I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare supplement policy will not duplicate your existing Medicare supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason (check one):</p> <p><input type="checkbox"/> Additional benefits.</p> <p><input type="checkbox"/> No change in benefits, but lower premiums.</p> <p><input type="checkbox"/> Fewer benefits and lower premiums.</p> <p><input type="checkbox"/> My plan has outpatient prescription drug coverage and I am enrolling in Part D.</p> <p><input type="checkbox"/> Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment. [Optional only for Direct Mailers.] _____</p> <p><input type="checkbox"/> Other. (please specify) _____</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
		<p><b>Note:</b> If the issuer of the Medicare supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to statement 2 below. Health conditions which you may presently have (preexisting conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.</p> <p>2. State law provides that your replacement policy or certificate may not contain new preexisting conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to preexisting conditions, waiting periods, elimination periods, or probationary periods in the new policy (or coverage) for similar benefits to the extent such time was spent (depleted) under the original policy.</p> <p>3. If, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history.</p>	<b>YES</b>	<b>NO</b>
			<b>PAGE # OR REASON</b>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>Failure to include all material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]</p> <p>Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.</p> <hr/> <p>(Signature of Agent, Broker or Other Representative)*</p> <p>[Typed Name and Address of Issuer, Agent or Broker]</p> <hr/> <p>(Applicant's Signature)</p> <hr/> <p>(Date)</p> <p>*Signature not required for direct response sales.  (f) Paragraphs 1 and 2 of the replacement notice (applicable to preexisting conditions) may be deleted by an issuer if the replacement does not involve application of a new preexisting condition limitation.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<p>APPLICATIONS - UNDERWRITING QUESTIONS - Open Enrollment and Guaranteed Issue Periods</p>	<p><a href="#">NH CAR Part Ins 1905.13</a></p>	<p>Underwriting questions, including tobacco use, height and weight, are prohibited for Open Enrollment and Guaranteed Issue.</p> <p>Ins 1905.13 <u>Open Enrollment</u>.</p> <p>(a)An issuer shall not deny or condition the issuance or effectiveness of any Medicare supplement policy or certificate available for sale in this state, nor discriminate in the pricing of a policy or certificate because of the health status, claims experience, receipt of health care, or medical condition of an applicant in the case of an application for a policy or certificate that is submitted prior to or during the 6 month period beginning with the first day of the first month in which an individual is enrolled for benefits under Medicare Part B and when each Medicare supplement policy and certificate currently available from an insurer shall be made available to all applicants who qualify under this subsection without regard to age.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	<a href="#">NHCAR Part Ins 1905.14</a>	<p>Ins 1905.14 Guaranteed Issue for Eligible Persons.</p> <p>(a) Guaranteed issue shall be for:</p> <p>(1) Eligible persons are those individuals described in (b) who:</p> <p>a. Seek to enroll under the policy during the period specified in Ins 1905.13(c), and who b. Submit evidence of the date of termination or disenrollment, or Medicare Part D enrollment with the application for a Medicare supplement policy.</p> <p>(2) With respect to eligible persons, an issuer shall not:</p> <p>a. Deny or condition the issuance or effectiveness of a Medicare supplement policy described below that is offered and is available for issuance to new enrollees by the issuer; b. Discriminate in the pricing of such a Medicare supplement policy because of:</p> <p>(i) Health status; (ii) Claims experience; (iii) Receipt of health care; or (iv) Medical condition; and</p> <p>c. Impose an exclusion of benefits based on a preexisting condition under such a Medicare supplement policy.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
APPLICATIONS - Representation	<a href="#">NHCAR Part Ins 401.12 (a)</a>	The declarative portion of the application, if any, shall imply a representation of facts to the best of the applicant's knowledge. "I represent," or "To the best of my knowledge and belief," shall be examples of such wording. Wording implying a warranty shall be prohibited. "I Certify" shall be such an example.	<p><b>YES      NO</b></p> <p><b>PAGE # OR REASON</b></p>
<b>SECTION 3 POLICY/CERTIFICATE FORM</b>			
COVER PAGE - Form Number	<a href="#">NHCAR Part Ins 401.04(a)</a>	<p>Each form shall be designated by a form number composed of either figures or letters or both.</p> <p>1) The form number shall be:</p> <p style="padding-left: 20px;">a. Sufficient to distinguish the form from all other forms used by the company;</p> <p style="padding-left: 20px;">b. Placed in the lower left hand corner on the front of each form;</p> <p>(2) The form number for a policy form may contain the prefix "Form No."</p> <p>(3) Policy forms utilizing less than a full sheet as the face page or cover page shall place the form number in the lower left hand corner of the specifications page;</p> <p>(4) Any time any change is made, the form shall be resubmitted as a new form with a new form number.</p>	<p><b>YES      NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
COVER PAGE – Renewal or Continuation	<a href="#">NHCAR Part Ins 1905.19 (a) (1)</a>	(1) Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of the provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned and shall appear on the first page of the policy, and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age.	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
COVER PAGE – Company Information	<a href="#">NHCAR Part Ins 401.04 (b)</a>	(b) Each policy and certificate shall recite on the back page or specifications page the: <ul style="list-style-type: none"> <li>(1) Full corporate or legal title of the company, association, exchange or society;</li> <li>(2) Official home address, including city and state or province;</li> <li>(3) Administrative office address if different from address in (2) above;</li> <li>(4) Toll-free telephone number of the company and, if available, a facsimile number and website address.</li> </ul>	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
Officer Signature	<a href="#">NHCAR Part Ins 401.13 (s)</a>	(s) Forms shall be submitted with the exact content as intended for use by the company and shall bear facsimile signatures of corporate officers. However, facsimile signatures shall not be required on group certificates.	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
COVER PAGE - Free Look	<a href="#">NHCAR Part Ins 1905.19 (a) (5)</a>	(5) Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have the premium refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
COVER PAGE – Notice to Buyer	<a href="#">NHCAR Part Ins 1905.22 (a) (3)</a>	(3) Display prominently by type, stamp or other appropriate means, on the first page of the policy the following:  <p style="text-align: center;"><b>"Notice to buyer: This policy may not cover all of your medical expenses."</b></p>	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
DEFINITIONS	<a href="#">NHCAR Part Ins 1905.03 and 1905.04</a>  <a href="#">RSA 415-F:1</a>		<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
GENERAL PROVISIONS	<a href="#">NHCAR Part Ins 1905.05</a>	<p>(a) Except for permitted preexisting condition clauses as described in Ins 1905.06 (b)(1) and (2), Ins 1905.07 (b)(1) and Ins 1905.08 (a)(1) of this rule, no policy or certificate may be advertised, solicited or issued for delivery in this state as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.</p> <p>(b) No Medicare supplement policy or certificate shall use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.</p> <p>(c) No Medicare supplement policy or certificate in force in the state shall contain benefits that duplicate benefits provided by Medicare.</p> <p>(d) Subject to Ins 1905.06 (b)(5), (6) and (8), and Ins 1905.07 (b)(4) and (5), a Medicare supplement policy with benefits for outpatient prescription drugs in existence prior to January 1, 2006 shall be renewed for current policyholders who do not enroll in Part D at the option of the policyholder.</p> <p>(e) A Medicare supplement policy with benefits for outpatient prescription drugs shall not be issued after December 31, 2005.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
GENERAL PROVISIONS -	<a href="#">NHCAR Part Ins 1905.19 (a) (3)</a>	(3) Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards described as "usual and customary," "reasonable and customary" or words of similar import.	<p><b>YES                  NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<p>BENEFIT STANDARDS (effective 06/01/2010)</p> <p>Pre-Existing Conditions</p> <p>Parity of Sickness and Accidents</p> <p>Benefits to change with Medicare cost-sharing</p>	<p><a href="#">NHCAR Part Ins 1905.08 (a)</a></p>	<p>(a) General Standards. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this part.</p> <p>(1) A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than 6 months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.</p> <p>(2) A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.</p> <p>(3) A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, copayment, or coinsurance amounts. Premiums may be modified to correspond with such changes.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
<p>No automatic termination of spouse coverage.</p> <p>Guaranteed Renewable</p>		<p>(4) No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.</p> <p>(5) Each Medicare supplement policy shall be guaranteed renewable.</p> <p>a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.</p> <p>b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.</p> <p>c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under Ins 1905.08 (5)(e), the issuer shall offer certificateholders an individual Medicare supplement policy which, at the option of the certificateholder:</p> <ol style="list-style-type: none"> <li>1. Provides for continuation of the benefits contained in the group policy; or</li> <li>2. Provides for benefits that otherwise meet the requirements of this subsection.</li> </ol>	



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Suspension of Policy due to Medicaid, 24 months		<p>(7) a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period, not to exceed 24 months, in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of the policy or certificate within 90 days after the date the individual becomes entitled to assistance.</p> <p>b. If suspension occurs and if the policyholder or certificateholder loses entitlement to medical assistance, the policy or certificate shall be automatically reinstated, effective as of the date of termination of entitlement, as of the termination of entitlement if the policyholder or certificateholder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>c. Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended, for any period that may be provided by federal regulation, at the request of the policyholder if the policyholder is entitled to benefits under Section 226 (b) of the Social Security Act and is covered under a group health plan, as defined in Section 1862 (b)(1)(A)(v) of the Social Security Act. If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy shall be automatically reinstated, effective as of the date of loss of coverage, if the policyholder provides notice of loss of coverage within 90 days after the date of loss.</p>	<p><b>YES</b>                      <b>NO</b> <b>PAGE # OR REASON</b></p>
<p>Reinstitution of Coverage due to termination of Medicaid</p>		<p>d. Reinstitution of coverages as described in subparagraphs b. and c above:</p> <ol style="list-style-type: none"> <li>1. Shall not provide for any waiting period with respect to treatment of preexisting conditions;</li> <li>2. Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and</li> <li>3. Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.</li> </ol>	<p><b>YES</b>                      <b>NO</b> <b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Standards for Core Benefits	<a href="#">NHCAR Part Ins 1905.08 (b)</a>	<p>(b) Standards for Basic Core Benefits Common to Medicare Supplement Insurance Benefit Plans A, B, C, D, E, F with High Deductible, G, M and N. Every issuer of Medicare supplement insurance benefit plans shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare supplement insurance benefit plans in addition to the basic core package, but not in lieu of it.</p> <p>(1) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;</p> <p>(2) Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;</p> <p>(3) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>(4) Coverage under Medicare Parts A and B for the reasonable cost of the first 3 pints of blood, or equivalent quantities of packed red blood cells, as defined under federal regulations, unless replaced in accordance with federal regulations;</p> <p>(5) Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible;</p> <p>(6) Hospice Care: Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Standards for Additional Benefits	<a href="#">NHCAR Part Ins 1905.08 (c)</a>	<p>(c) Standards for Additional Benefits. The following additional benefits shall be included in Medicare supplement benefit plans B, C, D, E, F with High Deductible, G, M and N as provided by Ins 1905.10.</p> <p>(1) Medicare Part A Deductible: Coverage for 100% of the Medicare Part A inpatient hospital deductible amount per benefit period;</p> <p>(2) Medicare Part A Deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period;</p> <p>(3) Skilled Nursing Facility Care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A;</p> <p>(4) Medicare Part B Deductible: Coverage for 100% of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.</p> <p>(5) One hundred percent of the Medicare Part B Excess Charges: Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		(6) Medically Necessary Emergency Care in a Foreign Country: Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to calendar year deductible of \$250, and a lifetime maximum benefit of \$50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.	<p><b>YES                  NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Standardized Plan Designs (effective 6/1/2010)	<a href="#">NHCAR Part Ins 1905.10</a>	<p>(a)(1) An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic core benefits, as defined in Ins 1905.08 (b).</p> <p>(2) If an issuer makes available any of the additional benefits described in Ins 1905.08 (c) or offers standardized benefit plans “K” or “L”, as described in Ins 1905.10 (e)(8) and (9), then the issuer shall make available to each prospective policyholder and certificateholder, in addition to a policy form or certificate form with only the basic core benefits as described in Ins 1905.10 (a)(1) above, a policy form or certificate form containing either standardized benefit plan “C”, as described in Ins 1905.10 (e)(3) or standardized benefit plan “F”, as described in Ins 1905.10 (e)(5).</p> <p>(b) No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this state, except as may be permitted in Ins 1905.10 (f) and Ins 1905.11.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		(c) Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans listed in this subsection and conform to the definitions in Ins 1905.03. Each benefit shall be structured in accordance with the format provided in Ins 1905.08 (b); or, in the case of plans "K" or "L", in Ins 1905.10 (e)(8) or (9) and list the benefits in the order shown. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
Plan A		(e) Make-up of 2010 Standardized Benefit Plans:  (1) Standardized Medicare supplement benefit plan "A" shall include only the following:  a. The basic core benefits as defined in Ins 1905.08 (b).	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>
Plan B		(e) (2) Standardized Medicare supplement benefit plan "B" shall include only the following:  a. The basic core benefit as defined in Ins 1905.08 (b); plus  b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1).	<b>YES</b> <b>NO</b> <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Plan C		<p>(e) (3) Standardized Medicare supplement benefit plan "C" shall include only the following:</p> <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>c. Skilled nursing facility care as defined in Ins 1905.08 (c)(3);</li> <li>d. One hundred percent of the Medicare Part B deductible as defined in Ins 1905.08 (c)(4); and</li> <li>e. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>
Plan D		<p>(e) (4) Standardized Medicare supplement benefit plan "D" shall include only the following:</p> <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>c. Skilled nursing facility care as defined in Ins 1905.08 (c)(3); and</li> <li>d. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
Plan F		<p>(e) (5) Standardized Medicare supplement (regular) plan "F" shall include only the following:</p> <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>c. The skilled nursing facility care as defined in Ins 1905.08 (c)(3);</li> <li>d. One hundred percent of the Medicare Part B deductible as defined in Ins 1905.08 (c)(4);</li> <li>e. One hundred percent of the Medicare Part B excess charges as defined in Ins 1905.08 (c)(5); and</li> <li>f. Medically necessary care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	<b>YES</b>	<b>NO</b>
			<b>PAGE # OR REASON</b>	

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
High Deductible Plan F		<p>(e) (6) Standardized Medicare supplement plan "F" with high deductible shall include only the following:</p> <ul style="list-style-type: none"> <li>a. One hundred percent of covered expenses following the payment of the annual deductible set forth in subparagraph h;</li> <li>b. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>c. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>d. Skilled nursing facility care as defined in Ins 1905.08 (c)(3);</li> <li>e. One hundred percent of the Medicare Part B deductible as defined in Ins 1905.08 (c)(4);</li> <li>f. One hundred percent of the Medicare Part B excess charges as defined in Ins 2905.08 (c)(5); and</li> <li>g. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	YES	NO
			PAGE # OR REASON	



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>h. The annual deductible in plan "F" with high deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by regular plan "F", and shall be in addition to any other specific benefit deductibles. The basis for the deductible shall be \$1,500 and shall be adjusted annually from 1999 by the Secretary of the U.S. Department of Health and Human Services to reflect the change in the consumer price index for all urban consumers for the 12 month period ending with August of the preceding year, and rounded to the nearest multiple of 10 dollars.</p>	<p><b>YES</b>      <b>NO</b> <b>PAGE # OR REASON</b></p>
Plan G		<p>(e) (7) Standardized Medicare supplement benefit plan "G" shall include only the following:</p> <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>c. Skilled nursing facility care as defined in Ins 1905.08 (c)(3);</li> <li>d. One hundred percent of the Medicare Part B excess charges as defined in Ins 1905.08 (c)(5); and</li> <li>e. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	<p><b>YES</b>      <b>NO</b> <b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Plan K		<p>(e) (8) Standardized Medicare supplement plan "K" is mandated by The Medicare Prescription Drug, Improvement and Modernization Act of 2003, and shall include only the following:</p> <p>a. Part A Hospital Coinsurance, 61st through 90th days: Coverage of 100% of the Part A hospital coinsurance amount for each day from the 61st through the 90th day in any Medicare benefit period;</p> <p>b. Part A Hospital Coinsurance, 91st through 150th days: Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;</p> <p>c. Part A Hospitalization After 150 Days: Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>d. Medicare Part A Deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subparagraph j.</p> <p>e. Skilled Nursing Facility Care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subparagraph j.</p> <p>f. Hospice Care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in subparagraph j.</p> <p>g. Blood: Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first 3 pints of blood, or equivalent quantities of packed red blood cells, and defined under federal regulations, unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in subparagraph j.</p> <p>h. Part B Cost Sharing: Except for coverage provided in subparagraph i, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subparagraph j.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>i. Part B Preventive Services: Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and</p> <p>j. Cost Sharing After Out-of-Pocket Limits: Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of \$4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>
Plan L		<p>(e) (9) Standardized Medicare supplement plan "L" is mandated by The Medicare Prescription Drug, Improvement and Modernization Act of 2003, and shall include only the following:</p> <p>a. The benefits described in Ins 1905.10 (e)(8)a., b., c., and i.;</p> <p>b. The benefit described in Ins 1905.10 (e)(8)d., e., f., g., and h., but substituting 75% for 50%; and</p> <p>c. The benefit described in Ins 1905.10 (e)(8)i., but substituting \$2,000 for \$4,000.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
Plan M		(e) (10) Standardized Medicare supplement plan "M" shall include only the following: <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. Fifty percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(2);</li> <li>c. Skilled nursing facility care as defined in Ins 1905.08 (c)(3); and</li> <li>d. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6).</li> </ul>	<b>YES</b> <b>NO</b>  <b>PAGE # OR REASON</b>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
Plan N		<p>(e) (11) Standardized Medicare supplement plan "N" shall include only the following:</p> <ul style="list-style-type: none"> <li>a. The basic core benefit as defined in Ins 1905.08 (b); plus</li> <li>b. One hundred percent of the Medicare Part A deductible as defined in Ins 1905.08 (c)(1);</li> <li>c. Skilled nursing facility care as defined in Ins 1905.08 (c)(3); and</li> <li>d. Medically necessary emergency care in a foreign country as defined in Ins 1905.08 (c)(6), with co-payments in the following amounts: <ul style="list-style-type: none"> <li>1. The lesser of \$20 or the Medicare Part B coinsurance or copayment for each covered health care provider office visit, including visits to medical specialists; and</li> <li>2. The lesser of \$50 or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.</li> </ul> </li> </ul>	<b>YES</b>	<b>NO</b>
			<b>PAGE # OR REASON</b>	

<p><b>Standard Medicare Supplement Benefit Plans for 2020 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery to Individuals Newly Eligible for Medicare On or After January 1, 2020</b></p>	<p><a href="#">NHCAR Part Ins 1905.11</a></p>	<p>(a)(3) Standardized Medicare supplement benefit plans C, F, and F with High Deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2020;</p> <p>(4) Standardized Medicare supplement benefit Plan F With High Deductible is redesignated as Plan G With High Deductible and shall provide the benefits contained in Ins 1905.10(e)(6) but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible, provided further that the Medicare Part B deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible; and</p> <p>(5) The reference to Plans C or F contained in Ins 1905.10(a)(2) is deemed a reference to Plans D or G for purposes of this section.</p> <p>(b) Applicability to Certain Individuals. Ins 1905.11 applies to only individuals that are newly eligible for Medicare on or after January 1, 2020:</p> <p>(1) By reason of attaining age 65 on or after January 1, 2020; or</p> <p>(2) By reason of entitlement to benefits under part A pursuant to Section 226(b) or 226A of the Social Security Act, available as referenced in Appendix A, or who is deemed to be eligible for benefits under Section 226(a) of the Social Security Act on or after January 1, 2020.</p> <p>(c) Guaranteed Issue for Eligible Persons. For purposes of Ins 1905.14(e), in the case of any</p>	<table border="0"> <tr> <td style="text-align: center;"><b>YES</b></td> <td style="text-align: center;"><b>NO</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>PAGE # OR REASON</b></td> </tr> </table>	<b>YES</b>	<b>NO</b>	<b>PAGE # OR REASON</b>	
<b>YES</b>	<b>NO</b>						
<b>PAGE # OR REASON</b>							

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
		<p>individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F With High Deductible) shall be deemed to be a reference to Medicare supplement policy D or G (including G With High Deductible), respectively, that meet the requirements of Ins 1905.11(a).</p> <p>(e) Offer of Redesignated Plans to Individuals Other Than Newly Eligible. On or after January 1, 2020, the standardized benefit plans described in subparagraph Ins 1905.11(a)(4), above, may be offered to any individual who was eligible for Medicare prior to January 1, 2020, in addition to the standardized plans described in Ins 1905.10(e).</p>	



REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
PLAN D	<a href="#">NHCAR Part Ins 1905.11 (a)</a>	<p>Benefit Requirements. The standards and requirements of Section Ins 1905.10 shall apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:</p> <p>(1) Standardized Medicare supplement benefit Plan C is redesignated as Plan D and shall provide the benefits contained in Ins 1905.10(e)(3) but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible;</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>
PLAN G	<a href="#">NHCAR Part Ins 1905.11 (a)</a>	<p>(2) Standardized Medicare supplement benefit Plan F is redesignated as Plan G and shall provide the benefits contained in Ins 1905.10(e)(5) but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible;</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
PROHIBITED PRACTICES	<a href="#">RSA 417:4</a>	<p>XXIII. Medicare Products and Medicare Supplemental Health Insurance.</p> <p>(a)(1) Selling, soliciting or negotiating the purchase of Medicare products (Part C and Part D) or Medicare supplemental (Medigap) health insurance in this state through the use of cold lead advertising.</p> <p>(2) Using an appointment that was made to discuss Medicare products or to solicit the sale of Medicare products in order to solicit sales of life insurance or annuity products.</p> <p>(3) Soliciting the sale of Medicare products door-to-door prior to receiving an invitation from a consumer.</p> <p>(b) In this paragraph:</p> <p>(1) "Cold lead advertising" means making use directly or indirectly of a method of marketing that fails to disclose in a conspicuous manner that a purpose of the marketing is insurance sales solicitation and that a contact will be made by an insurance producer or insurance company.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	<a href="#">NH CAR Part Ins 1905.22 (b)</a>	<p>(b) In addition to the practices prohibited in RSA 417 the following acts and practices are prohibited:</p> <p>(1) Twisting. Knowingly making any misleading representation or incomplete or fraudulent comparison of any insurance policies or insurers for the purpose of inducing, or tending to induce, any person to lapse, forfeit, surrender, terminate, retain, pledge, assign, borrow on, or convert any insurance policy or to take out a policy of insurance with another insurer.</p> <p>(2) High pressure tactics. Employing any method of marketing having the effect of or tending to induce the purchase of insurance through force, fright, threat, whether explicit or implied, or undue pressure to purchase or recommend the purchase of insurance.</p> <p>(3) Cold lead advertising. Making use directly or indirectly of any method of marketing which fails to disclose in a conspicuous manner that a purpose of the method of marketing is solicitation of insurance and that contact will be made by an insurance agent or insurance company.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
OUTLINE OF COVERAGE	<a href="#">NHCAR Part 1905.19 (d)</a>	<p>(1) Issuers shall provide an outline of coverage to all applicants at the time application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgment of receipt of the outline from the applicant; and</p> <p>(2) If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany the policy or certificate when it is delivered and contain the following statement, in no less than 12-point type, immediately above the company name:</p> <p><b>"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."</b></p>	<p><b>YES                  NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
	<a href="#">NHCAR Part Ins 1905.19 (d)</a>	<p>(3) The outline of coverage provided to applicants pursuant to this section shall consist of 4 parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans A-L shall be shown on the cover page, and the plans that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.</p> <p>(4) The following items shall be included in the outline of coverage in the order prescribed below.</p> <p>(See NHCAR Part Ins 1905.19 (d))</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE
CLAIMS PAYMENT	<a href="#">NHCAR Part Ins 1905.15</a>	<p>(a) An issuer shall comply with Section 1882(c)(3) of the Social Security Act, as enacted by Section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987, OBRA, 1987, Public Law No. 100-203 by:</p> <p>(1) Accepting a notice from a Medicare carrier on dually assigned claims submitted by participating physicians and suppliers as a claim for benefits in place of any other claim form otherwise required and making a payment determination on the basis of the information contained in that notice;</p> <p>(2) Notifying the participating physician or supplier and the beneficiary of the payment determination;</p> <p>(3) Paying the participating physician or supplier directly;</p> <p>(4) Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number and a central mailing address to which notices from a Medicare carrier may be sent;</p> <p>(5) Paying user fees for claim notices that are transmitted electronically or otherwise; and</p> <p>(6) Providing to the secretary of Health and Human Services, at least annually, a central mailing address to which all claims may be sent by Medicare carriers.</p>	<p><b>YES</b>      <b>NO</b></p> <p><b>PAGE # OR REASON</b></p>

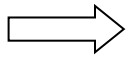
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	COMPLIANCE	
CLAIMS PAYMENT – PROMPT PAY	<a href="#">RSA 415:6-h (Individual)</a> <a href="#">RSA 415:18-k (Group)</a>	15 days clean electronic claim; 30 days clean written claim.	YES	NO
			PAGE # OR REASON	
ID CARDS	<a href="#">NHCAR Part Ins 1905.15 (a)</a>	(4) Furnishing, at the time of enrollment, each enrollee with a card listing the policy name, number and a central mailing address to which notices from a Medicare carrier may be sent;	YES	NO
			PAGE # OR REASON	
<b>SECTION 4 RATES</b>				
	<a href="#">NHCAR PART Ins 4100</a>	REQUIREMENTS FOR ACCIDENT AND HEALTH INSURANCE RATE SUBMISSIONS	YES	NO
	<a href="#">NHCAR Part Ins 1905.16-17</a>	Rate requirements for Medicare Supplement coverage	YES	NO
		(j) Issue age	YES	NO
<b>SECTION 5 NOTES</b>				
<b>STATUTES:</b> <a href="#">RSA 415-F</a> , <a href="#">RSA 415:6</a> , <a href="#">RSA 415:18</a> <b>REGULATION:</b> <a href="#">NHCAR Part Ins 1905</a> , <a href="#">NHCAR Part Ins 2603</a>				
<b>PERMITTED GROUPS:</b> Bona fide associations only. Medicare Supplement does not apply to employer groups or union groups. <a href="#">RSA 415-F:2</a> II. This chapter shall not apply to a policy of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees or a combination of employees or former employees, or for members or former members, or a combination of members or former members, of the labor organizations.				

State of New Hampshire

CERTIFICATION FOR FORM SUBMISSION FOR COMPLIANCE

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_  
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, CERTIFICATES OR OTHER EVIDENCES OF ACCIDENT AND HEALTH COVERAGE IDENTIFIED ON THE ATTACHED COMPLIANCE FILING AS SUBMITTED TO THE NEW HAMPSHIRE COMMISSIONER OF INSURANCE; HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE NEW HAMPSHIRE LAWS AND REGULATIONS; AM AWARE OF THE PENALTIES WHICH MAY BE ENFORCED FOR CERTIFICATION OF A NONCOMPLYING FORM; AND CERTIFY THAT THE POLICY FORMS, APPLICATIONS, CERTIFICATES OR OTHER EVIDENCES OF ACCIDENT AND HEALTH COVERAGE IDENTIFIED IN THE SERFF FILING FOR COMPLIANCE FILED WITH THIS CERTIFICATION, PROVIDE ALL REQUIRED BENEFITS AND ARE IN FULL COMPLIANCE WITH ALL NEW HAMPSHIRE INSURANCE LAWS AND REGULATIONS.



\_\_\_\_\_  
(Original Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

\* If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors.