

**Indiana Department of Insurance
Company Filing Checklist - Policy Review Standards**

24 Group Medicare Supplement

This checklist must be submitted with any form or rate filings for Group Medicare Supplement policies.

Please attach this completed checklist as a PDF to your electronic filing.

Company Name_____ **NAIC #** _____

Form number(s)_____ **Filing date**_____

Rate Only: For rate only filings (i.e., those filings which do not include a form filing), reference the “Rate Only” column of the checklist. Those items marked with an “X” in this column indicate items that should be provided for rate only filings.

Requirements in this checklist include:

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Instructions:

This document is intended to provide a checklist for form and rate filings of the applicable Accident and Health product. The checklist contains (1) specific requirements/provisions and (2) certifications that the Insurer has acknowledged and is in compliance with particular laws, regulations and bulletins. Additionally, this checklist is intended to provide supplementary information regarding certain laws, regulations and/or bulletins. When providing the completed checklist, the Insurer is expected to address **each** checklist line item in the column labeled "Response" as follows:

- Provide the specific location(s) in the documents provided which address the requirement; or
- Provide an affirmative statement or initial that the certification is being given; or
- Provide an explanation as to why the Insurer believes the item is not applicable for the product submitted for review.

All checklist line items require a response. Failure to provide a fully completed checklist may result in a delay of regulatory approval.

Statute/Regulation	Requirement	Rate Only	Response	FOR IDOI USE ONLY Yes/No/Comments
General Filing Requirements				
IC 27-1-3-15	FILING FEES: The fees are \$35 per form plus \$35 for rates or the retaliatory fees based on your state of domicile, whichever is greater. Filing fee compliance includes general compliance with SERFF user/filing fees as related to utilizing Electronic Funds Transfer (EFT) payment method.	X		
Bulletin 125	RATE FILING REQUIREMENTS: All rate filings that involve either an aggregate rate change or a change in the underlying factors utilized to calculate premium MUST submit the applicable Rate Filing Requirements. Rate Filing Requirements must be filed electronically via SERFF. See the IDOI website for filing instructions indicating which Rate Filing Requirements document is applicable to the product being filed.	X		

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Bulletin 125	FILING DESCRIPTION/COVER/LETTER/NAIC TRANSMITTAL: Each filing must contain a complete description of the filing using one of these three methods: 1. In SERFF on the General Tab - Filing Description; 2. As a note referring to a Cover Letter; or 3. As a note referring to an NAIC Transmittal Document. If using a Cover Letter or NAIC Transmittal, please attach the document to the Supporting Documentation Tab within SERFF. Rate Revisions - If this is a revision of previously filed rates, please provide a detailed list of the proposed changes.	X		
Bulletin 125	CONSULTING AUTHORIZATION: If the filing is submitted by an outside consulting firm, a letter giving authorization to file on behalf of the company. If you are filing for multiple companies, you must submit an authorization from each Company, list each company separately on the cover letter by NAIC #, Company Name and form #. Separate filing/retaliatory fees for each company will be applicable.	X		
Bulletin 125	ACKNOWLEDGEMENT: Insurer acknowledges that all IDOI instructions, checklists and requirements for accident and health rate and/or form filings have been satisfied and are in compliance with state requirements.	X		
Required Provisions	The following rights of Insurers and insureds must be disclosed in policies issued in Indiana. Exact wording is not required, as long as the substance matches the statutory language, or is more favorable to the insured or policyholder.			
IC 27-8-5-19(c)(1)	GRACE PERIOD: The policyholder has a grace period of 31 days for payment of premium due, except the first premium. Policy remains in force during the grace period, but Insurer may hold claims incurred during grace period until premium is received.			
IC 27-8-5-19(c)(2)	INCONTESTABILITY: Validity of policy may not be contested after 2 years except for a) nonpayment of premiums, or if b) the disputed statement is in a written instrument signed by insured. Ineligibility of insured or enrollee under the policy may be disputed any time.			

Statute/Regulation	Requirement	Rate Only	Response	FOR IDOI USE ONLY Yes/No/Comments
IC 27-8-5-19(c)(3)	COPY OF APPLICATION: If there is an application, a copy must be attached to the policy at issue. Statements made by persons insured are representations, not warranties, and must be provided to insured persons in case of a dispute.			
IC 27-8-5-19(c)(4)	EVIDENCE OF INSURABILITY: Insurers may reserve the right to require individual evidence of insurability as a condition of coverage.			
IC 27-8-5-19(c)(7)	MISSTATEMENT OF AGE: Clear statement of how premiums, benefits or both will be fairly adjusted if covered person's age is misstated and if premiums and benefits vary by age.			
IC 27-8-5-19(c)(8)	CERTIFICATE: Insurer must issue to policyholder, for delivery to each insured person, a certificate of coverage explaining the protection, to whom the benefits are payable, and each family member and dependent's coverage. (See below for debtor's certificate.)			
IC 27-8-5-19(c)(9)	TIMELY NOTICE OF CLAIM: Insured must provide written notice of claim within 20 days after occurrence or commencement of loss, or as soon as reasonably possible.			
IC 27-8-5-19(c)(10)	CLAIM FORMS: Insurer must provide forms for filing proof of loss within 15 days of notice of claim, or claimants can submit their own.			
IC 27-8-5-19(c)(11)	PROOF OF LOSS: Written proof must be furnished within 90 days after the date of loss. Failure to furnish proof within 90 days does not invalidate or reduce any claim if it was furnished as soon as reasonably possible but no later than one year from time proof is otherwise required.			
IC 27-8-5-19(c)(12)	TIMELY PAYMENT OF CLAIMS: All benefits payable under the policy (other than benefits for loss of time) will be paid within 30 days if filed electronically or within 45 days if filed on paper.			

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IC 27-8-5-19(c)(13)	BENEFICIARIES: Loss of life benefits are paid to the beneficiary designated by the insured. If the policy contains conditions pertaining to family status the policy terms apply. All other benefits payable to the person insured. Insurer may also choose to pay up to \$5000 to a relative by blood or marriage if beneficiary is an estate or a minor. (Does not apply to policies insuring lives of debtors.)			
IC 27-8-5-19(c)(14)	PHYSICAL EXAMINATION AND AUTOPSY: Insurer has the right to examine the person during the pending of a claim or to conduct an autopsy in case of death, unless prohibited by law.			
IC 27-8-5-19(c)(15)	LEGAL ACTIONS: No lawsuit may be filed to recover under the policy before 60 days after proof of loss is filed, and not later than 3 years after proof of loss is required to be filed.			
IC 27-8-13-9	DUPLICATE BENEFITS: A Med Supp policy, contract, or certificate may not contain benefits that duplicate benefits provided by Medicare. A <i>change</i> in coverage that becomes effective after a Med Supp policy, contract, or certificate and that causes a duplication of benefits does not void the policy, contract, or certificate.			
IC 27-8-13-17	RETURN PRIVILEGE: Med Supp policies and certificates must have a notice prominently printed on the first page (or attached to the first page) stating the applicant has the right to return the policy or certificate within 30 days of delivery and to have premium refunded if applicant is not satisfied.			
760 IAC 3-2-6 760 iAC 3-3-1	DEFINITIONS: No policy or certificate may be advertised, solicited, or issued for delivery as a Medicare Supplement policy or certificate unless the definition of Medicare is included in the policy or certificate. Medicare defined is the "Health Insurance for the Aged Act." Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended."			

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760 IAC 3-5-1(b)(1) 760 IAC 3-6-1(b)	PRE-EXISTING CONDITION: A Medicare Supplement policy or certificate shall not a) exclude or limit benefits for losses incurred more than six (6) months from the effective date of coverage because it involved a pre-existing condition or b) define a pre-existing condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.			
760 IAC 3-9-1	OPEN ENROLLMENT: Issuer shall not deny or condition the issuance or effectiveness of any Medicare Supplement policy or certificate or discriminate the pricing of the policy or certificate because of health status, claims experience, receipt of health care, or medical condition of applicant submitting before or during the six (6) month period when individual is both 65 or older and enrolled under Medicare Part B. All plans currently available will be made available to those who qualify regardless of age.			
760 IAC 3-13-1	COMMISSIONS: Confirm commission arrangements comply in entirety to 760 IAC 3-13-1, Section 1.			
760 IAC 3-14-1	REQUIRED DISCLOSURES: Language or specifications shall be consistent with the type of contract issued. The provision shall a) be appropriately captioned b) appear on the first page of the policy and c) include any reservation by the Insurer of the right to change premiums and include automatic renewal premium increases based on the policyholder's age.			

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760 IAC 3-15-1	APPLICATION FORMS / REPLACEMENT COVERAGE: a) Shall include statements and questions designed to elicit information as to whether the applicant has another Medicare supplement, Medicare Advantage, or Medicaid coverage or another health insurance policy or certificate in force or whether a Med Supp policy or certificate is intended to replace any other accident and sickness policy or certificate currently in force. b) Replacement of Med Supp coverage requires a notice be provided in similar form to "NOTICE OF APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE. SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE."			
760 IAC 3-17-1	MARKETING: Shall display prominently by type, stamp, or other appropriate means, on the first page of the policy, "Notice to buyer: This policy may not cover all of your medical expenses."			
Bulletin 128	FILING COMPLAINTS: Notice to policyholders regarding filing complaints with the Department of Insurance			
Medicare Supplement Plans				
Plan A	- Basic benefits included in all plans and pays 1) Part A hospital coinsurance for 61-90 days and another coinsurance for 91-150 days 2) Additional 365 days of hospitalization after Medicare benefits end 3) Part B coinsurance (usually 20% of Medicare approved amount) 4) First three pints of blood per year 5) Hospice and respite care			
Plan B	- Basic benefits, including hospice - Part A Deductible			
Plan C	- Basic benefits, including hospice - Skilled Nursing Coinsurance - Part A Deductible - Part B Deductible - Foreign Travel Emergency			

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Plan D	- Basic benefits, including hospice - Skilled Nursing Facility Coinsurance - Part A Deductible - Foreign Travel Emergency			
Plan F	- Basic benefits, including hospice - Skilled Nursing Facility Coinsurance - Part A Deductible - Part B Deductible - Part B Excess (100%) - Foreign Travel Emergency			
Plan G	- Basic benefits, including hospice - Skilled Nursing Facility Coinsurance - Part A Deductible - Part B Excess (100%) - Foreign Travel Emergency			
Plan K	- Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%, including hospice - 50% Skilled Nursing Facility Coinsurance - 50% Part A Deductible - Out-of-Pocket limit; paid at 100% after limit reached			
Plan L	- Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%, including hospice - 75% Skilled Nursing Facility Coinsurance - 75% Part A Deductible - Out-of-Pocket limit; paid at 100% after limit reached			
Plan M	- Basic benefits, including hospice - Skilled Nursing Facility Coinsurance - 50% Part A Deductible - Foreign Travel Emergency			
Plan N	- Basic benefits, including hospice, except up to \$20 copayment for office visit, and up to \$50 copayment For ER - Skilled Nursing Facility Coinsurance - Part A Deductible - Foreign Travel Emergency			

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760 IAC 3-8-1	MEDICARE SELECT: 1) A Medicare Select Insurer shall not issue a policy or certificate until its plan of operation has been approved by the commissioner; 2) Disclosure; 3) Written grievance procedures for hearing complaints and resolving written grievances shall be used.			
General Regulatory Issues	Under the authority provided by IC 27-4-1-4, 27-8-5-1, and 27-8-5-1.5, the Department monitors various issues that have been determined to be unjust, unfair, inequitable, misleading, or deceptive, or that encourage misrepresentation of the policy or potentially constitute unfair trade practices. The following issues will also be reviewed.			
IC 27-8-5-1.5(l)(2)	APPLICATION QUESTIONS: 1. Questions regarding an applicant's health cannot inquire about non-specific conditions prior to the most recent five years. 2. Questions inquiring if an applicant has had signs or symptoms of a condition are not permitted.			
IC 27-8-5-1.5(i)(2)	ARBITRATION: Mandatory and/or binding arbitration provisions are prohibited.			
IC 27-8-5-1.5(l)(2)	LARGE ENDORSEMENTS: The Department does not allow use of large or confusing endorsements to bring contracts into compliance. In such cases the entire contract should be refiled to incorporate the multiple changes. On a similar note, Indiana specific certificates should be filed rather than file an endorsement to revise another state's certificate.			
IC 27-8-5-1.5(l)(2)	OPEN ENDORSEMENTS: Highly flexible or "blank check" type endorsement forms that provide unlimited ability to revise forms without regulatory review are not allowed.			
IC 27-8-5-1.5(l)(2)	PRIVACY OF HEALTH INFORMATION: Employers cannot be asked to reveal or certify the accuracy of any knowledge they may have regarding an individual's health condition.			

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IC 27-8-5-1.5(l)(2)	PROHIBITED PROVISIONS: The policy form cannot contain provisions that are unjust, unfair, inequitable, misleading, or deceptive, or that encourage misrepresentation of the policy.			
IC 27-8-5-1.5(l)(2)	VARIOUS FEES: Fees charged to accept or process an application are not allowed. One-time fees such as may be charged to issue a policy are acceptable providing they are clearly labeled and accompanied by a disclosure that the fee is fully refundable if the policy is not issued, not taken or returned during the “free look” period.	X		
IC 27-8-5-19(c)(6) IC 27-8-5-2.5 IC 27-8-15-27	FIRST MANIFEST LANGUAGE: Typically first manifest type language creates a permanent exclusion of coverage related to a condition present any time prior to the effective date of coverage contrary to any pre-existing condition provisions included in the form. Such inconsistencies are not permitted.			
Bulletin 103	FULL AND FINAL DISCRETION: No full and final discretion clauses except where policy is governed by ERISA.			
Bulletin 106	FOREIGN LANGUAGE FORMS: Foreign language forms must comply with Bulletin 106.			
760 IAC 1-8	NONCANCELLABLE/GUARANTEED RENEWABLE: Use of terms “Noncancellable” and “Guaranteed Renewable” must not be misleading.			

By signing below, I am certifying on behalf of my company pursuant to Ind. Code 27-8-5-1.5(i)(1)(C) that our policy form(s) submitted with this checklist meets all of the applicable requirements of Indiana law. I understand and acknowledge, on behalf of my company, that the Indiana Department of Insurance is relying on this certification in making its determination whether to approve or disapprove this policy filing. If any policy provision is not in compliance with Indiana law or the Patient Protection and Affordable Care Act, the Indiana Department of Insurance may take regulatory action against my company.

Signature: _____

Printed Name: _____

Title: _____

Company: _____

Date: _____