

FILED
FEB 25 2022
Department of Insurance
State of Idaho

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE
STATE OF IDAHO

In the Matter of:

STATE MUTUAL INSURANCE
COMPANY,

Certificate of Authority No. 2662
NAIC ID No. 69132

Docket No. 18-4068-22

**ORDER AUTHORIZING
DISCONTINUANCE OF
MEDICARE SUPPLEMENT PLANS**

On February 16, 2022, STATE MUTUAL INSURANCE COMPANY (the "Company") notified the Idaho Department of Insurance ("Department") that the Company intends to discontinue availability of its Medicare Supplement policies in Idaho effective March 18, 2022. The Company identified the affected plans as form numbers MSMSDAI2010ID, MSMSDBI2010ID, MSMSDCI2010ID, MSMSDDI2010ID, MSMSDFI2010ID, MSMSDRI2010ID, MSMSDGI2010ID, MSMSDMI2010ID, MSMSDNI2010ID, MSMSAI2010ID, MSMSBI2010ID, MSMSCI2010ID, MSMSDI2010ID, MSMSFI2010ID, MSMSRI2010ID, MSMSGI2010ID, MSMSMI2010ID, and MSMSNI2010ID.

The Company acknowledged that, per IDAPA 18.04.10.056.04.b, discontinuing availability of its Medicare Supplement plans in Idaho will prohibit the Company from filing, for approval in Idaho, a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plan as the discontinued forms for five years from the date of the Company's notice to the Department. The Company represented that it will continue servicing all

of its existing in-force Medicare Supplement policies covering Idaho insureds, which policies are guaranteed renewable.

The Department's Director ("Director"), having reviewed the foregoing and IDAPA 18.04.10.056.04, finds that the proposed effective date of the discontinuance complies with the notice requirements to the Director set forth in IDAPA 18.04.10.056.04.a. Based on this finding, and good cause appearing,

NOW, THEREFORE, IT IS ORDERED, pursuant to IDAPA 18.04.10.056.04.a, that the Company may discontinue availability of its Medicare Supplement plans identified above, effective March 18, 2022.

IT IS FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04.b, that the Company shall not file with the Department a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plan as the discontinued forms prior to February 16, 2027.

DATED and effective this 25 day of February 2022

STATE OF IDAHO
DEPARTMENT OF INSURANCE



DEAN L. CAMERON
Director

NOTIFICATION OF RIGHTS

This is a final order of the agency. Any party may file a motion for reconsideration of this final order within 14 days of the service date of this order. The agency will dispose of the motion for reconsideration within 21 days of its receipt, or the motion will be considered denied by operation of law. *See* Idaho Code § 67-5246(4).

Any such motion for reconsideration shall be served on the Director of the Idaho Department of Insurance, addressed as follows:

Dean L. Cameron, Director
Idaho Department of Insurance
700 W. State Street, 3rd Floor
P.O. Box 83720
Boise, ID 83720-0043

Pursuant to Idaho Code §§ 67-5270 and 67-5272, any party aggrieved by this final order or orders previously issued in this case may file a petition for judicial review in the district court of the county in which:


- i. A hearing was held;
- ii. The final agency action was taken;
- iii. The party seeking review of the order resides, or operates its principal place of business in Idaho; or
- iv. The real property or personal property that was the subject of the agency action is located.

A petition for judicial review must be filed within 28 days of: (a) the service date of this final order, (b) the service of an order denying motion for reconsideration, or (c) the failure within 21 days to grant or deny a motion for reconsideration, whichever is later. *See* Idaho Code § 67-5273. The filing of a petition for judicial review does not itself stay the effectiveness or enforcement of the order under appeal. Idaho Code § 67-5274.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 25th day of February, 2022, I caused a true and correct copy of the foregoing ORDER AUTHORIZING DISCONTINUANCE OF MEDICARE SUPPLEMENT PLANS to be served upon the following by the designated means:

State Mutual Insurance Company 210 E. 2 nd Avenue, Suite 301 Rome, GA 30161	<input checked="" type="checkbox"/> First Class Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Facsimile <input type="checkbox"/> Email:
Insurance Administrative Solutions 17757 US Hwy 19 N., Suite 660 Clearwater, FL 33764-6598	<input checked="" type="checkbox"/> First Class Mail <input type="checkbox"/> Certified Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> Facsimile <input type="checkbox"/> Email:
Karl T. Klein Deputy Attorney General Idaho Department of Insurance 700 W. State St., 3 rd Floor PO Box 83720 Boise, ID 83720-0043	<input type="checkbox"/> First Class Mail <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Hand Delivery <input type="checkbox"/> Facsimile <input type="checkbox"/> Email:


Pamela Murray