

FILED

OCT 23 2025

Department of Insurance  
State of Idaho

**BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE**

**STATE OF IDAHO**

In the Matter of:

UNITED INSURANCE COMPANY OF  
AMERICA

Certificate of Authority No. 189  
NAIC ID No. 69930

Docket No. 18-4758-25

**ORDER AUTHORIZING  
DISCONTINUANCE OF  
MEDICARE SUPPLEMENT PLANS**

On August 21, 2025, UNITED INSURANCE COMPANY OF AMERICA (the “Company”) notified the Idaho Department of Insurance (“Department”) that the Company intends to discontinue availability of its Medicare Supplement policies in Idaho effective September 21, 2025. The Company identified the affected plans as policy form numbers U-MCS-20-A-ID, U-MCS-D-ID, U-MCS-20-F-ID, U-MCS-20-G-ID, U-MCS-20-GHD-ID, and U-MCS-20-N-D.

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 there are eight (8) active Medicare Supplement policies covering Idaho insureds under the above-identified policy forms, and that the Company will continue to service those policies which 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 UNITED INSURANCE COMPANY OF AMERICA may discontinue availability of its Medicare Supplement plans identified above, effective September 21, 2025.

IT IS FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04(b), that UNITED INSURANCE COMPANY OF AMERICA 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 September 21, 2030.

DATED and effective this 23 day of October 2025.

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, 3<sup>rd</sup> 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 23<sup>rd</sup> day of October 2025, 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:

United Ins. Co. of America Scott Snider, Asst. VP 200 East Randolph Street Chicago, IL 60601	<input checked="" type="checkbox"/> First Class Mail <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Email: <a href="mailto:scott.snider@medmutual.com">scott.snider@medmutual.com</a>
---	--

  
\_\_\_\_\_  
Jan Noriyuki  
Paralegal