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BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of:

MUTUAL OF OMAHA INSURANCE COMPANY

Certificate of Authority No. 535 NAIC ID No. 71412 Docket No. 18-3711-19

ORDER AUTHORIZING
DISCONTINUANCE OF
MEDICARE SUPPLEMENT PLANS

On or about September 16, 2019, the Idaho Department of Insurance ("Department") received notice of the intent of MUTUAL OF OMAHA INSURANCE COMPANY ("MUTUAL OF OMAHA") to discontinue the availability of its Modernized 2010 Individual Medicare Supplement plans in Idaho, effective October 16, 2019. Such plans are identified as Policy Form Nos. MX20-24748, MX24-24749, and MX25-24750.

MUTUAL OF OMAHA acknowledged that discontinuance of its Medicare Supplement plans from sale in Idaho will prohibit MUTUAL OF OMAHA from filing for approval in Idaho a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plans as the discontinued forms for a period of five (5) years from the date of MUTUAL

OF OMAHA's notice to the Department, pursuant to the requirements of IDAPA 18.04.10.056.04.b. MUTUAL OF OMAHA represented that it will continue to service and administer all of its existing in-force Medicare Supplement policies covering Idaho insureds, which policies are guaranteed renewable.

MUTUAL OF OMAHA's notice of intent to discontinue availability of its Modernized 2010 Individual Medicare Supplement plans in Idaho appears to comply with the notice requirements to the Department's Director ("Director") as set forth in IDAPA 18.04.10.056.04.a.

The Director, having reviewed the foregoing and the requirements of IDAPA 18.04.10.056.04, and good cause appearing therefor,

NOW, THEREFORE, IT IS HEREBY ORDERED, pursuant to IDAPA 18.04.10.056.04.a, that MUTUAL OF OMAHA is authorized to discontinue availability of its Modernized 2010 Individual Medicare Supplement plans in Idaho, effective as of October 16, 2019.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04.b, that MUTUAL OF OMAHA shall not file with the Department a new policy form or certificate form of the same type for the same standard Medicare Supplement benefit plans as the discontinued forms prior to September 16, 2024.

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 fourteen (14) days of the service date of this order. The agency will dispose of the motion for reconsideration within twenty-one (21) days of its receipt, or the motion will be considered denied by operation of law. See Idaho Code § 67-5246(4).

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 twenty-eight (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 twenty-one (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 4th day of 1 correct copy of the foregoing ORDER AUTHORIZING I SUPPLEMENT PLANS to be served upon the following by	DISCONTINUANCE OF MEDICARE
Mutual of Omaha Insurance Company Attn: Jan Serafini, Product Compliance Consultant 3300 Mutual of Omaha Plaza Omaha, NE 68175	 ☐ first class mail ☐ certified mail ☐ hand delivery ☐ facsimile ☐ email
Edith L. Pacillo Lead Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3 rd Floor P.O. Box 83720 Boise, ID 83720-0043	☐ first class mail ☐ certified mail ☐ hand delivery ☐ facsimile ☐ email

Pamela Murray