

## BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE STATE OF IDAHO

In the Matter of:

THRIVENT FINANCIAL FOR LUTHERANS

Certificate of Authority No. 1880 NAIC ID No. 56014

Docket No. 18-3856-20

AMENDED ORDER
AUTHORIZING
DISCONTINUANCE OF
MEDICARE SUPPLEMENT PLANS

On or about October 29, 2020, the Idaho Department of Insurance ("Department") received notice of the intent of THRIVENT FINANCIAL FOR LUTHERANS ("THRIVENT"), a fraternal benefit society, to discontinue the availability of its Medicare Supplement plans identified as policy forms M-MA-MSA (10); M-MB-MSB (10); M-MC-MSC (10); M-MD-MSD (10); M-MF-MSF (10); M-MH-MSFHI (10); M-MG-MSG (10); M-ML-MSL (10); and M-MM-MSM (10), effective January 1, 2021.

THRIVENT acknowledged that discontinuance of its Medicare Supplement plans from sale in Idaho will prohibit THRIVENT 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 THRIVENT's notice to the Department, pursuant to the requirements of IDAPA 18.04.10.056.04.b. THRIVENT 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.

THRIVENT's notice of intent to discontinue availability of its 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 THRIVENT is authorized to discontinue availability of its Medicare Supplement plans

identified above, effective January 1, 2021.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04.b, that

THRIVENT 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

October 29, 2025.

IT IS FURTHER ORDERED that the prior order entered in this matter on November 6,

2020, is replaced by this order to correct a clerical error in the THRIVENT policy form numbers.

DATED and effective this day of November, 2020.

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).

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 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

copy of the foregoing AMENDED OR	day of November, 2020, I caused a true and correct DER AUTHORIZING DISCONTINUANCE OF served upon the following by the designated means:
Thrivent Financial for Lutherans 4321 N. Ballard Road Appleton, WI 54919-0001	<ul><li>☐ first class mail</li><li>☐ certified mail</li><li>☐ hand delivery</li><li>☐ facsimile</li><li>☐ email</li></ul>
Edith L. Pacillo Lead Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3 <sup>rd</sup> Floor P.O. Box 83720 Boise, ID 83720-0043	☐ first class mail ☐ certified mail ☐ hand delivery ☐ facsimile ☐ email
	Pamela Murray