FILED
DEC 02 2019
Department of Insurance
State of Idaho

BEFORE THE DIRECTOR OF THE DEPARTMENT OF INSURANCE

STATE OF IDAHO

In the Matter of: COVENTRY HEALTH AND LIFE INSURANCE COMPANY, Certificate of Authority No. 4109 NAIC ID No. 81973	Docket No. 18-3743-19 **ORDER AUTHORIZING DISCONTINUANCE OF MEDICARE SUPPLEMENT PLANS**

On or about November 25, 2019, the Idaho Department of Insurance ("Department") received notice of the intent of COVENTRY HEALTH AND LIFE INSURANCE COMPANY ("COVENTRY") to discontinue the availability of its Medicare Supplement plans identified as policy forms CHLEXCMS14A ID, CHLEXCMS14B ID, CHLEXCMS14F ID, CHLEXCMS14G ID and CHLEXCMS14N ID, effective December 30, 2019.

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

COVENTRY'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 COVENTRY is authorized to discontinue availability of its Medicare Supplement plans identified as policy forms CHLEXCMS14A ID, CHLEXCMS14B ID, CHLEXCMS14F ID, CHLEXCMS14G ID and CHLEXCMS14N ID, effective December 30, 2019.

IT IS HEREBY FURTHER ORDERED, pursuant to IDAPA 18.04.10.056.04.b, that COVENTRY 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 November 25, 2024.

DATED and effective this 27 day of November, 2019.

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, 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 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 2nd day of December, 2019, 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:

Coventry Health and Life Insurance Company 6705 Rockledge Drive, Ste. 900 Bethesda, MD 20817-7828	☒ first class mail ☐ certified mail ☐ hand delivery ☐ facsimile ☐ email
Aetna Senior Supplemental Insurance Jennifer Foster, Product & Regulatory Affairs 1021 Reams Fleming Blvd. Franklin, TN 37064	☒ first class mail ☐ certified mail ☐ hand delivery ☐ facsimile ☐ email
Edith L. Pacillo Lead Deputy Attorney General Idaho Department of Insurance 700 W. State Street, 3rd Floor P.O. Box 83720 Boise, ID 83720-0043	☐ first class mail ☐ certified mail ☒ hand delivery ☐ facsimile ☐ email

Pamela Murray

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