Medicare Supplement / Medigap

The following standard is provided to assist the insurer in submitting a filing. This is a brief synopsis and not intended to be all-inclusive or contain all requirements or exceptions. All references should be reviewed for compliance. References beginning with "31A" refer to Utah Code and those beginning with "R590" refer to department rules under Utah Admin Code. As required by § 31A-21-201(2), the insurer is responsible for assuring that all filings submitted are in compliance. Filings found to be out of compliance may be referred to our Market Conduct Division for review and possible action.

Filing

Subject	I	G	Citation	Description
Confidentiality / Classification of Documents	X	X	63G-2-305 R590-220-17	Information an insurer considers to be privileged, proprietary, or confidential must be submitted with a compliant protection request and identify the intended document(s).
Filing Submission	X	X	31A-1-301(68) 31A-21-201 R590-220 R590-146 31A-22-620	An insurer is responsible for assuring a filing is compliant with Utah law. A non-compliant filing will be rejected and not considered filed with the department.
Form Number	X	X	R590-220-7(1)(b)	A form must be clearly identified by a unique form number, and the form number may not be variable.
Policy & Related Forms	X	X	31A-1-301(72) & (145) R590-220-7(3)	A policy is an enforceable contract. A policy consists of all related forms.
Variability	X	X	R590-220-6(2)(f) R590-220-7(1)	A form containing variable data must have a certification statement. Variability as a separate document must be identified by its own unique form number and edition date. Blank spaces must be completed to accurately represent the intended purpose and use.

General

Subject	I	G	Citation	Description
Age	X	X	31A-22-613	If age is used in determining a benefit, a factor affecting premium, or coverage, it must be disclosed.
Appeal / Grievance Process	X	X	31A-22-629 R590-146-10 R590-192-8	A form must include an adverse benefit determination and grievance process that complies with the federal claims regulation.
Application	X	X	31A-21-201(3)(a)(iv) R590-220-7(2) R590-146-18	Health questions must be reasonable and include required disclosures. A policy or certificate filing must include an application or an informational copy and reference the SERFF tracking number in the Filing Description.
Arbitration	X	X	R590-122	If included, a permissible arbitration provision must be properly disclosed and may not deprive Utah courts of jurisdiction over an action against an insurer. Permissible: -Optional binding arbitration at the exclusive election of an insured party. -Both compulsory and optional binding arbitration at the election of either the insured or the insurer. Not permissible: -Compulsory non-binding arbitration
Beneficiary / Estate	X	X	31A-22-614(4) R590-192-12(12)	An unpaid benefit following an insured's death is to be issued to the beneficiary or estate. Imposing a dollar limit is not considered good faith.
Cancellation, Renewability, and Termination	X	X	R590-146-17.A.(1)	A policy may not be terminated. A captioned renewal or non-renewal disclosure, with duration, is required on the first page of the policy.
Certificate	X	X	31A-21-311	A certificate must contain a summary of the benefits, exclusions and limitations, and any rights of conversion.
Claim Settlement	X	X	31A-26-301 & 301.6 R590-192	Claims must be settled in a fair and timely manner. Interest must be paid when a claim is not addressed promptly.
Company Name & State of Domicile	X	X	31A-21-201, 301 & 311	A form must conspicuously reference the exact name of the insurer and its state of domicile; variability is not permitted.
Definitions	X	X	31A-1-301 31A-22-620 R590-146	A form must comply with these definitions and others, as applicable.
Electronic Notices	X	X	31A-21-316	An electronic notification must provide consumer awareness and consent, and be filed with the department.

I = Individual and Non-Employer Group, G = Employer Group

Endorsement or Rider	X	X	31A-21-106(2) 31A-21-302 R590-146-17.A.(2)	An in-force contract may not be modified unless it is in writing and requires a signed acceptance by the policyholder. If an additional premium is charged, the premium must be disclosed in the policy or certificate.
Examination Period	X	X	31A-22-620(6) R590-146-17.A.(5)	A policy must include a notice advising the timeframe and right to return the policy for any reason.
Felony, Riot, Insurrection or Illegal Activities	X	X	31A-21-201(3)	A loss must be directly related to the insured's voluntary participation.
Grace Period	X	X	31A-22-607	A policy must include a grace period. A group policy must provide a 30-day grace period and must not be terminated before the end of the grace period.
Incontestability	X	X	31A-22-609	Only a fraudulent misstatement regarding insurability is a basis for avoidance after coverage has been in effect for two years.
Incorporation by Reference	X	X	31A-21-106 Bulletin 94-1	A form may not incorporate any provision not fully disclosed unless citing a federal or state law, rule, or public directive.
Jurisdiction	X	X	31A-21-314	A form may not contain any provision requiring it to be construed according to the laws of another jurisdiction, or deny Utah courts jurisdiction.
Limitation of Actions	X	X	31A-21-313	A form may not limit an action brought against an insurer to earlier than 60 days after proof of loss, waiver of proof of loss, or denial of payment. An insurer may not limit or restrict an action to less than three years.
Limitations or Exclusions	X	X	31A-21-201(3) R590-146-8.A	A form may not limit or exclude coverage or benefits more restrictively than Medicare.
Nondiscrimination Among Health Care Professionals	X	X	31A-22-618	An insurer may not unfairly discriminate against any licensed class of health care provider when the treatment is within the scope of the provider's license.
Notice and Proof of Loss	X	X	31A-21-312 R590-192-7 Bulletin 87-6	The proof of loss provision must allow the insured or claimant to file a notice or proof of loss as soon as reasonably possible.
Outline of Coverage	X	X	R590-146-17.D	An outline of coverage must be in the prescribed format and contain the required content.
Overpayment / Payment Recovery	X	X	31A-21-108 31A-26-301.6(14) R590-131-8(6)	Recovery of an overpayment improperly paid must be by the timeframes outlined in statute.
Physical Exam	X	X	31A-21-201(3)(a)	If an insurer requires a physical exam, the insurer must pay for the exam.
Preferred Provider Provisions	X	X	31A-45-303 R590-146-10.G & H	An insurer must comply with network provider contract provisions. In a rural healthcare setting, a non-contracted provider or the insured may be required to be reimbursed a like dollar amount.
Premium Change	X	X	31A-21-106(2)(b) R590-146-17.B	A change in premium is only allowable in specific circumstances.
Reinstatement	X		31A-22-608	A form must include the required reinstatement provision when applicable.
Return of Premium	X	X	31A-21-302 31A-21-315	An insurer must return any excess premium without being requested.
Usual & Customary	X	X	31A-21-201(3)(a) R590-146-17.A.(3)	The use of a term such as usual & customary, or similar, is not allowed.

Specific-Modernized

Subject	I	G	Citation	Description
Benefit Layout	X	X	R590-146-9a.A.(C)	A form must comply with the benefit structure and language outlined in statute.
Benefit Standards	X	X	R590-146-8a, 9a & 9b	A form must comply with the required standards. An insurer must offer at least Plan A.
Emergency Services	X	X	R590-146-8a.C.(6)	A form offering emergency care in a foreign country must comply with statute.
Multiple Policies	X	X	R590-146-21.B	A plan must limit a Medicare supplement policy to one per insured.
Network Provisions	X	X	R590-146-10.I	A plan must include the required disclosures for Medicare Select policies/certificates.
Non-Duplication	X	X	R590-146-6.C	A form must not duplicate benefits provided by Medicare.
Non-Medicare Notices	X	X	R590-146-17.E.(2) R590-146-25.E.	A form must include disclosure statements regarding non-Medicare and non-duplication coverage.
Notice to Buyer	X	X	R590-146-20.A.(3)	A form must include the required notice and disclosure.

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Preexisting Conditions	X	X	R590-146-8a.A.(1) R590-146-17.A.(4)	A preexisting condition may not be defined more restrictively than outlined in statute and must appear as a separate paragraph.
Replacement Requirements	X	X	R590-146-18 & 23	An application and notice must include the required statements regarding replacement coverage before replacing existing coverage.
Spouse Rights	X	X	R590-146-8a.A.(4)	A form that provides spouse coverage may not terminate a spouse for other than nonpayment of premium.
Suspension & Resumption	X	X	R590-146-8a.A.(7)	A policy must provide the option for an insured to suspend and reinstitute coverage, subject to applicable provisions as outlined.
Waivers	X	X	R590-146-6.B	A form may not use a waiver to exclude, limit, or reduce coverage or a benefit for a specifically named or described preexisting condition.

Rating

Subject	I	G	Citation	Description
Requirements	X	X	R590-85 R590-146-14 & 15	A rate filing must contain: - the type of renewability; - Utah and nationwide experience; - current and proposed rates; - prior rate-related SERFF tracking number(s); - average annual premium per policy; - a list of states where a similar product has been filed; and - other information as outlined in statute.

Reporting

Subject	I	G	Citation	Description
Annual Report(s)	X	X	R590-146-14.B R590-146-14.C R590-146-22 R590-220-11(4)	All annual Medicare Supplement reports are due on or before May 31 and submitted in the same filing.
Grievance Report	X	X	R590-146-10.K R590-220-11(4)(e) & (f)	The annual grievance procedure report is due on or before March 31.
Plan of Operations	X	X	R590-146-10.D & E	A plan of operations is required before filing a Medicare Select product.
Plan of Orderly Withdrawal	X	X	31A-4-115	Before withdrawing from offering a line of insurance, an insurer must submit: - a request in writing for approval by the commissioner; - a notification of intent to the appropriate divisions; and - a copy of the above information filed in SERFF.
Provider Network Changes	X	X	R590-146-10.F.(2) R590-220-11(4)(e) & (f)	Any change to the list of network providers must be filed within 30 days.
Withdrawal of Previous Filing(s)	X	X	R590-220-5(7)	An insurer must notify the department when they no longer offer a form, rate, or supplementary information.