

September 14, 2018



VIA ELECTRONIC AND U.S. MAIL

Commissioner Barbara D. Richardson
Nevada Division of Insurance
1818 E. College Pkwy., Suite 103
Carson City, NV 89706
bdrichardson@doi.nv.gov

Re: Information Association Health Plan filing

Dear Commissioner Richardson,

Anthem Blue Cross and Blue Shield (Anthem) is pleased to announce that it will offer an Association Health Plan (AHP) through the Las Vegas Metro Chamber of Commerce (Chamber). The Chamber's AHP will be available to all Chamber member employers (including sole proprietors) in good standing, located in the State of Nevada.

Consistent with the Division's guidance, Anthem provides the following information regarding the Chamber and its AHP:

1. A copy of the Chamber's Articles of Incorporation (Attachment 1);
2. A copy of the Chamber's bylaws (Attachment 2);
3. A narrative report documenting the activities and non-insurance related benefits of the Chamber (Attachment 3);
4. A listing of the insurance policy, certificate, endorsements, disclosures and application forms used in connection with the AHP (Attachment 4). All of the forms have been previously approved by the Division, with one exception. Concurrent with this filing, Anthem is submitting to the Division a slightly modified version of the group master contract (form NVPPOAHP102018), so as to accurately reflect the respective role of the Chamber and the chamber member employers;
5. The M-1 form filed with the U.S. Department of Labor (Attachment 5). The Division's guidance asked that we also provide notice of the DOL's approval; however, we understand that there is no separate approval process for M-1 forms;
6. Anthem will be collecting premium and paying claims. There is no present plan to retain an administrator;
7. Copies of the draft marketing and sales materials that will initially be used for the AHP (Attachment 6). These materials remain subject to further review and approval by Anthem and the Chamber, include Chamber surveys, and thus we consider these materials to be confidential and ask that they be treated as such by the Division.

Additionally, while we will not issue a policy under the AHP prior to the anticipated October 1, 2018 effective date, we will make the quoting tool available starting on September 17, 2018¹;

8. Anthem and the Chamber anticipate marketing the AHP through producers who are duly licensed and appointed by Anthem and who are members of the Chamber. In addition, the Chamber and/or Anthem will market the availability of the AHP to the Chamber members, alongside other Chamber benefits and equally among all eligible member employers regardless of any health-status related factor relating to such member employers or their respective employees and dependents, and in compliance with the Department of Labor's regulation governing Association Health Plans. The AHP will not be available other than in connection with a member of the Chamber or other eligible classification under the Chamber AHP; and
9. The AHP service area will be the entire State of Nevada and the AHP will be available to Chamber members in good standing located anywhere within the State of Nevada.

In closing, we look forward to the opportunity to provide the Chamber, their member employers and in turn their employees and families with the additional choice and affordable coverage options of the AHP. Should you or anyone at the Division have any questions or concerns, please do not hesitate to call me at 303.831.3041.

Sincerely,



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Enclosures (via electronic mail only)

¹ The quoting tool will include a disclaimer that the rate quote is subject to the terms of the agreement between Anthem and the Chamber and contingent upon the plans' filing with the Nevada Division of Insurance.

ATTACHMENT 4

Form Type	SERFF Number	Form Number
Employer Application	ANTP-131029205 State Tr Num: 123459371	61126NVEENABS Rev. 4/17
Employee Enrollment Form (PPO)	ANTP-131294670 State Tr Num: 132373806	NVLGPPOEEAPP Rev. 11/17
Medical Evidence of Coverage (PPO)	ANTP-131118093 State Tr Num: 125905625	05-00061 (Rev. 1/18) v1 05-00062 (Rev. 1/18) v1 06-00224 (Rev. 1/18) v1 06-00221 (Rev. 1/18) v1
Vision Evidence of Coverage (PPO)	ANTV-131595147	NVBVVGRP 0119
Life Evidence of Coverage	N/A – filed prior to SERFF	WA 0105P LBO A 01015 C
Disability Evidence of Coverage	N/A – filed prior to SERFF	WA 0205 P DLS A 02025 C
Employer / Association Group Master Contract	TBD – filed concurrently	NVPPOAHP102018