

**America's Health  
Insurance Plans**

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December 21, 2017

Barbara Richardson  
Commissioner, Nevada Division of Insurance  
1818 E. College Parkway, Suite 103  
Carson City, NV 89706

**Re: LCB File No. R041-17, Medicare Supplement Rulemaking**

Dear Commissioner Richardson:

I write today on behalf of America's Health Insurance Plans to provide comments on the proposed Medicare Supplement regulations, as drafted by the Legislative Counsel Bureau.

America's Health Insurance Plans (AHIP) is the national association whose members provide insurance coverage for health care and related services. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access and well-being for consumers.

Medicare Supplement policies provide highly valued coverage options and financial security for America's seniors. Medicare Supplement coverage protects consumers from out-of-pocket costs not covered by Medicare, helps consumers predict and budget for medical expenses, and promotes overall health and wellness. According to the National Association of Insurance Commissioners (NAIC), 12.7 million Americans – including 85,000 Nevadans – had Medicare supplemental coverage in 2016.<sup>1</sup> Nine out of 10 Medicare Supplement enrollees are satisfied with their coverage, and seven out of 10 are extremely satisfied.<sup>2</sup> Given the value and protection this product offers, our member plans are particularly interested in ensuring access to a robust range of coverage options.

States are required to implement any federal changes related to Medicare Supplement policies or risk losing their regulatory authority over these products. The NAIC is responsible for maintaining the model regulation's conformity to federal statutory standards. The latest revisions to the NAIC model incorporate the Medicare Supplement provisions in the Medicare Access and CHIP Reauthorization Act (MACRA) of 2015. A diverse group of stakeholders, including NAIC members, state regulators, consumer advocates, and industry representatives, drafted the language.

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<sup>1</sup> National Association of Insurance Commissioners (NAIC) 2016 Medicare Supplement Insurance Experience Reports. September 12, 2017. Available at [http://www.naic.org/prod\\_serv/MED-BB-17.pdf](http://www.naic.org/prod_serv/MED-BB-17.pdf).

<sup>2</sup> 2017 Medigap Enrollee Satisfaction Survey. October 4, 2017. Available at <https://www.ahip.org/2017-medigap-enrollee-satisfaction-survey/>.

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After its adoption, the NAIC submitted the model to the Centers for Medicare & Medicaid Services (CMS) for review and publication as amending the federal minimum standards. These were published on September 1, 2017 in the Federal Register, where CMS recognized the Revised NAIC Model Standards for Regulation of Medicare Supplemental Insurance.<sup>3</sup>

AHIP participated in the NAIC's work to update their model language to reflect the MACRA changes, and we were pleased that the Division's initial draft regulations were substantially similar the NAIC model. The Legislative Counsel Bureau's (LCB) draft, however, includes significant substantive and formatting changes. Adopting regulations that follow the NAIC model is vital to ensure federal compliance and uniformity across states, which benefit carriers and consumers alike. Consumers, especially new Medicare enrollees, are exposed to a lot of information, so streamlined formats and language – such as are used in the annual National Medicare & You Handbook<sup>4</sup> – are particularly helpful for use by consumers, assisters, and family members, to understand coverage and options.

For your convenience, we have developed a chart (attached) comparing the MACRA-specific section of the NAIC model regulation (Section 9.2), the Division's initial draft regulations, and the LCB proposed regulations, with our concerns noted. We urge you to re-draft the proposed regulations to be more consistent with the NAIC model for the benefit of consumers in Nevada.

AHIP greatly appreciates the work and consideration that the Division has done on behalf of the Medicare Supplement marketplace. We look forward to continued discussions with you on these important issues and are always willing to work with you to improve, preserve, and maintain the competitive marketplace in Nevada.

If you have any questions, please do not hesitate to contact me at [smoore@ahip.org](mailto:smoore@ahip.org) or 916-996-2376.

Sincerely,



Sunshine Moore  
Regional Director, State Affairs

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<sup>3</sup> 82 Fed. Reg. 41684. *Medicare Program; Recognition of Revised NAIC Model Standards for Regulation of Medicare Supplemental Insurance*. September 1, 2017. Available at <https://www.gpo.gov/fdsys/pkg/FR-2017-09-01/pdf/2017-18605.pdf>.

<sup>4</sup> *Medicare & You 2018*. Centers for Medicare and Medicaid Services. September 2017. Available at <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf>.



America's Health  
Insurance Plans

**Comparison of NAIC Model Regulation to Implement the Medicare Supplement Insurance Minimum Standards Model Act,  
Nevada DOI Initial Agency Draft, and LCB Proposed Draft  
with AHIP Comments  
December 21, 2017**

<b>Issue</b>	<u>NAIC Model Regulation</u>	<u>Initial Agency Draft – R041-171</u>	<u>LCB Proposed Draft – R 041-17P</u>
	<b>Standard Medicare Supplement Benefit Plans for 2020 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery to Individuals Newly Eligible for Medicare on or After January 1, 2020</b>		
<p><b>Purpose</b></p> <p>The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards be applicable to all Medicare supplement policies or certificates delivered or issued for delivery in this state to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p><i>Section 9.2</i></p>	<p>“2020 Standardized benefit plan to supplement Medicare” or “2020 Standardized benefit plan” means a policy to supplement Medicare issued with an effective date for coverage on or after January 1, 2020.</p> <p><i>Section 2</i></p> <p>The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires the following standards to be applicable to all policies to supplement Medicare or certificates delivered or issued for delivery in this State to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p><i>Section 5</i></p>	<p>“2020 standardized benefit plan to supplement Medicare” means a policy to supplement Medicare issued to an individual who is newly eligible on or after January 1, 2020.</p> <p><i>Section 2</i></p>	

<b>Issue</b>	<u>NAIC Model Regulation</u>	<u>Initial Agency Draft – R041-171</u>	<u>LCB Proposed Draft – R 041-17P</u>
<b>Medicare Part B Deductible</b>	<p>No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this state as a Medicare supplement policy or certificate to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p><i>Section 9.2</i></p>	<p>No policy or certificate that provides coverage of the Medicare Part B deductible may be advertised, solicited, delivered or issued for delivery in this State as a policy to supplement Medicare or certificate to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p><i>Section 5</i></p>	<p>2. Notwithstanding any other regulation to the contrary, a policy to supplement Medicare, or a certificate, which is advertised, solicited, delivered or issued for delivery in this State to an individual who is newly eligible on or after January 1, 2020, must not provide coverage for any portion of the Medicare Part B deductible.</p> <p><i>Section 5(2)</i></p>
<b>Benefit Standards</b>	<p><b>AHIP Comment:</b> The phrase “Notwithstanding any other regulation to the contrary” in the LCB draft is unnecessary, as <i>all</i> Medicare Supplement policies issued to those newly eligible on or after January 1, 2020 are banned from providing coverage of the Medicare Part B deductible.</p> <p>All policies must comply with the following benefit standards.</p> <p>Benefit plan standards applicable to Medicare supplement policies and certificates issued to individuals eligible for Medicare before January 1, 2020, remain subject to the requirements of [insert proper state citation.]</p> <p><i>Section 9.2</i></p>	<p>1. On or after January 1, 2020, no policy or certificate may be advertised, solicited, delivered or issued for delivery in this State as a policy to supplement Medicare or a certificate unless it complies with the standards provided for in sections 5 - 7 of this regulation.</p> <p>2. No issuer may offer any 2010 standardized benefit plan to supplement Medicare for sale on or after January 1, 2020.</p> <p>3. Benefits standards applicable to a policy to supplement Medicare or a certificate issued with an effective date for</p>	<p>3. On or after January 1, 2020:</p> <p>(a) An issuer shall not advertise, solicit, deliver or issue for delivery in this State a policy to supplement Medicare, or a certificate, unless the policy or certificate:</p> <p>(1) Complies with the standards applicable to a 2020 standardized benefit plan to supplement Medicare, including, without limitation, the standards set forth in NAC 687B.250 and section 6 of this regulation; or</p> <p>(2) Is advertised, solicited, delivered or issued for delivery</p>

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		<p>coverage before January 1, 2020, remain subject to the requirements of NAC 687B.2003, NAC 687B.2273, NAC 687B.250, NAC 687B.322 and NAC 687B.323.</p> <p><i>Section 4</i></p>	<p>to an individual who is newly eligible before January 1, 2020</p> <p>(b) The benefit standards applicable to a policy to supplement Medicare, or a certificate, remain subject to all requirements applicable to a 2010 standardized benefit plan to supplement Medicare, including, without limitation, NAC 687B.2003, 687B.2273, 687B.250, 687B.322 and 687B.323, if the policy or certificate:</p> <p>(1) Was issued with an effective date for coverage on or after June 1, 2010, and before January 1, 2020; or</p> <p>(2) Is issued to an individual who is newly eligible before January 1, 2020.</p> <p><i>Section 5(3)</i></p>
	<p><b>AHIP Comment:</b> We believe that provision (b)(1) of the LCB draft is confusing and unnecessary. Neither federal law nor the NAIC model bifurcates the standardized plans that may be sold based on the effective date for coverage; rather, the determination depends solely on the date when the individual becomes eligible for Medicare.</p>		
<p><b>Benefit Requirements</b></p>	<p>The standards and requirements of Section 9.1 shall apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:</p> <p><i>Section 9.2(4)</i></p>	<p>1. Benefit Requirements. The standards and requirements of NAC 687B.250, NAC 687B.322 and NAC 687B.323 shall apply to all Medicare supplement policies or certificates delivered or issued for delivery to individuals newly eligible for Medicare on or after January 1, 2020, with the following exceptions:</p>	<p>2. Except as otherwise provided in subsection 3, a 2020 standardized benefit plan to supplement Medicare must comply with the requirements applicable to a 2010 standardized benefit plan to supplement Medicare, as set forth in NAC 687B.200 to 687B.330, inclusive, and sections 2 to 6 inclusive,</p>

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<b>Benefit Requirements – Plan C Redesignation</b>	<p>(1) Standard Medicare supplement benefit Plan C is redesignated as Plan D and shall provide the benefits contained in Section 9.1E (3) of this regulation but shall not provide coverage for 100% or any portion of the Medicare Part B deductible.</p> <p><i>Section 9.2(A)(1)</i></p>	<p><i>Section 5(f)</i></p> <p>(a) Standardized Medicare supplement benefit Plan C is redesignated as Plan D and shall provide the benefits contained in paragraph (c) of subsection 7 of NAC 687B.323 but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.</p> <p><i>Section 5(f)(a)</i></p>	<p>of this regulation, including, without limitation, NAC 687B.2057, 687B.206, 687B.2062, 687B.250, 687B.322 and 687B.323</p> <p><i>Section 6(2)</i></p> <p><i>No provision.</i></p>
<b>Benefit Requirements – Plan F Redesignation</b>	<p>(2) Standardized Medicare supplement benefit Plan F is redesignated as Plan G and shall provide the benefits contained in Section 9.1E (5) of this regulation but shall not provide coverage for 100% or any portion of the Medicare Part B deductible.</p> <p><i>Section 9.2(A)(2)</i></p>	<p>(b) Standardized Medicare supplement benefit Plan F is redesignated as Plan G and shall provide the benefits contained in paragraph (e) of subsection 7 of NAC 687B.323 but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible.</p>	<p><i>No provision.</i></p>
<p><b>AHIP Comment:</b> This provision (and similar provisions below dealing with Standardized Plans F and F with High Deductible) is missing from the LCB's proposed regulations. It is important that references to Plans C/F/F with High Deductible are not only deemed references to Plans D/G/G with High Deductible – as they are in Section 6(3) – but that the former plans are also redesignated as the latter.</p>			



Issue	NAIC Model Regulation	Initial Agency Draft – R041-171	LCB Proposed Draft – R 041-17P
		Section 5(1)(b)	
	<p><b>AHIP Comment:</b> We reiterate the comments above that a provision redesignating Plan F as Plan G should be included in the regulations. The provisions in Section 6(3) deeming references to Plan F as references to Plans G are insufficient.</p>		
<p><b>Benefit Requirements – Exceptions</b></p>	<p>(3) Standardized Medicare supplement benefit plans C, F, and F With High Deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p>Section 9.2(A)(3)</p>	<p>(c) Standardized Medicare supplement benefit plans C, F, and F with High Deductible may not be offered to individuals newly eligible for Medicare on or after January 1, 2020.</p> <p>Section 5(1)(c)</p>	<p>1. An issuer shall not advertise, solicit, deliver or issue for delivery in this State to an individual who is newly eligible on or after January 1, 2020, a:</p> <p>(a) 2010 standardized benefit plan to supplement Medicare;</p> <p>(b) Standardized Benefit Plan C;</p> <p>(c) Standardized Benefit Plan F; or</p> <p>(d) High Deductible Benefit Plan F.</p> <p>Section 5(1)</p>
	<p><b>AHIP Comment:</b> Provision (a) of this section in the LCB draft could be read to severely limit the types of Medicare Supplement plans that may be offered to persons newly eligible on or after January 1, 2020. Federal law and the NAIC model <i>only</i> prohibit the offer and issuance of Plans C, F, and F with High Deductible for persons newly eligible on or after January 1, 2020. All other 2010 standardized benefit plans other than those specifically prohibited may be sold to individuals eligible on or after January 1, 2020. We recommend deleting provision (a).</p> <p>We are also concerned about the inclusion of a ban on “advertising” these plans to individuals newly eligible on or after January 1, 2020. It would be difficult to target widespread marketing only to one group of Medicare eligibles. Furthermore, we object to any requirement that a carrier include language in its advertising noting eligibility for the product. These requirements are not included in federal law or the NAIC model. We recommend striking the word “advertise” from this section.</p>		
<p><b>Benefit Requirements – Plan F with High</b></p>	<p>(4) Standardized Medicare supplement benefit Plan F With High Deductible is redesignated as Plan G With High Deductible and shall</p>	<p>(d) Standardized Medicare supplement benefit Plan F With High Deductible is redesignated as Plan G With High Deductible and shall</p>	<p>(e) In paragraph (f) of subsection 7 of NAC 687B.323...</p> <p>(2) ...Such a High Deductible Benefit Plan G must provide:</p>

<b>Issue</b>	<b><u>NAIC Model Regulation</u></b>	<b><u>Initial Agency Draft – R041-171</u></b>	<b><u>LCB Proposed Draft – R 041-17P</u></b>
<b>Deductible Redesignation</b>	<p>provide the benefits contained in Section 9.1E (6) of this regulation but shall not provide coverage for 100% or any portion of the Medicare Part B deductible; provided further that, the Medicare Part B deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible.</p> <p><i>Section 9.2(A)(4)</i></p>	<p>provide the benefits contained in paragraph (f) of subsection 7 of NAC 687B.323 but shall not provide coverage for one hundred percent (100%) or any portion of the Medicare Part B deductible; provided further that, the Medicare Part B deductible paid by the beneficiary shall be considered an out-of-pocket expense in meeting the annual high deductible.</p> <p><i>Section 5(1)(d)</i></p>	<p>(I) The benefits specified in paragraph (f) of subsection 7 of NAC 687B.323 except that it must not provide coverage for any portion of the Medicare Part B deductible; and</p> <p>(II) That any amount paid by the beneficiary for the Medicare Part B deductible is an out-of-pocket expense for the purpose of the annual deductible.</p> <p><i>Section 6(3)(e)(2)</i></p>
<p><b>AHIP Comment:</b> We reiterate the comments above that a provision redesignating High Deductible Plan F as High Deductible Plan G should be included in the regulations. The provisions in Section 6(3) deeming references to High Deductible Plan F as references to High Deductible Plans G are insufficient.</p>			
<b>Benefit Requirements – References</b>	<p>(5) The references to Plans C or F contained in Section 9.1A (2) is deemed a reference to Plans D or G for purposes of this section.</p> <p><i>Section 9.2(A)(5)</i></p>	<p>(e) The reference to Plans C or F contained in subsection 3 of NAC 687B.323 is deemed a reference to Plans D or G for purposes of this section.</p> <p><i>Section 5(1)(e)</i></p>	<p>3. For the purposes of a 2020 standardized benefit plan to supplement Medicare:</p> <p>(a) In NAC 687B.2057, 687B.206 and 687B.2062:</p> <p>(1) The references to Standardized Benefit Plan C, Plan C or C policy shall be deemed to be references to Standardized Benefit Plan D, Plan D or D policy, as applicable;</p> <p>(2) The references to Standardized Benefit Plan F, Plan F or F policy shall be deemed to be</p>



<b>Issue</b>	<u>NAIC Model Regulation</u>	<u>Initial Agency Draft – R041-171</u>	<u>LCB Proposed Draft – R 041-17P</u>
			<p>references to Standardized Benefit Plan G, Plan G or G policy, as applicable; and</p> <p>(3) The references to Standardized Benefit Plan F with a high deductible, Plan F with a high deductible or F with a high deductible policy shall be deemed to be references to Standardized Benefit Plan G with a high deductible, Plan G with a high deductible or G with a high deductible policy, as applicable.</p> <p>(b) In subsection 3 of NAC 687B.323:</p> <p>(1) The reference to a Standardized Benefit Plan C as described in paragraph (c) of subsection 7 of NAC 687B.323 shall be deemed to be a reference to a Standardized Benefit Plan D as described in paragraph (d) of subsection 7 of NAC 687B.323; and</p> <p>(2) The reference to Standardized Benefit Plan F as described in paragraph (e) of subsection 7 of NAC 687B.323 shall be deemed to be a reference to Standardized Benefit Plan G as described in paragraph (g) of subsection 7 of NAC 687B.323.</p> <p>(c) A standardized Benefit Plan C, as described in paragraph (c) of</p>

Issue	NAIC Model Regulation	Initial Agency Draft – R041-171	LCB Proposed Draft – R 041-17P
			<p>subsection 7 of NAC 687B.323, is not available.</p> <p>(d) A Standardized Benefit Plan F, as described in paragraph (e) of subsection 7 of NAC 687B.323, is not available.</p> <p>(e) In paragraph (f) of subsection 7 of NAC 687B.323</p> <p>(1) The reference to a High Deductible Benefit Plan F shall be deemed to be a reference to a High Deductible Benefit Plan G; and</p> <p>(2) The reference to a Standardized Benefit Plan F shall be deemed to be a reference to a Standardized Benefit Plan G...</p> <p><i>Section 6(3)</i></p>
	<p><b>AHIP Comment:</b> LCB Draft Section 5(1) already prohibits Standardized Plan C and Standardized Plan F from being issued to an individual who is newly eligible on or after January 1, 2020. We therefore recommend deleting provisions (c) and (d) from the LCB draft as they are duplicative and confusing.</p>		
<p><b>Applicability to Certain Individuals</b></p>	<p>This Section 9.2, applies to only individuals that are newly eligible for Medicare on or after January 1, 2020:</p> <p>(1) By reason of attaining age 65 on or after January 1, 2020; or</p> <p>(2) By reason of entitlement to benefits under part A pursuant to Section 226(b) or 226A of the Social Security Act, or who is deemed to be eligible for benefits under</p>	<p>“Newly eligible” means anyone who:</p> <ol style="list-style-type: none"> <li>1. Attains age 65 on or after January 1, 2020, or</li> <li>2. First becomes eligible for Medicare benefits due to age, disability or end-stage renal disease on or after January 1, 2020.</li> </ol> <p><i>Section 3</i></p>	<p>“Newly eligible before January 1, 2020” means an individual who:</p> <ol style="list-style-type: none"> <li>1. Becomes 65 years of age before January 1, 2020; or</li> <li>2. First becomes eligible for Medicare benefits because of age, disability or end-stage renal disease before January 1, 2020.</li> </ol>

Issue	<u>NAIC Model Regulation</u>	<u>Initial Agency Draft – R041-171</u>	<u>LCB Proposed Draft – R 041-17P</u>
	<p>Section 226(a) of the Social Security Act on or after January 1, 2020.</p> <p><i>Section 9.2(B)</i></p>	<p>2. Applicability to Certain Individuals. Section 6 of this regulation applies to only individuals that are newly eligible for Medicare on or after January 1, 2020:</p> <p>(a) by reason of attaining age 65 on or after January 1, 2020; or</p> <p>(b) by reason of entitlement to benefits under part A pursuant to section 226(b) or 226A of the Social Security Act, or who is deemed to be eligible for benefits under section 226(a) of the Social Security Act on or after January 1, 2020.</p> <p><i>Section 5(2)</i></p>	<p>“Newly eligible on or after January 1, 2020” means an individual who:</p> <ol style="list-style-type: none"> <li>Becomes 65 years of age on or after January 1, 2020; or</li> <li>First becomes eligible for Medicare benefits because of age, disability or end-stage renal disease on or after January 1, 2020.</li> </ol> <p><i>Sections 3-4</i></p>
	<p><b>AHIP Comment:</b> Both federal law and the revised NAIC model regulation only establish new requirements for Medicare Supplement policies offered to persons “newly eligible <i>on or after</i> January 1, 2020;” there is no change for persons eligible before January 1, 2020, except to have a new High Deductible Plan G available to purchase on or after January 1, 2020. We believe that the term “newly eligible before January 1, 2020” (and the sections below which use it) are confusing. By establishing new standards for persons newly eligible on or after January 1, 2020, we believe that it is clear that all other provisions apply to those newly eligible <i>before</i> January 1, 2020. We therefore believe that this term is unnecessary.</p>		
<p><b>Guaranteed Issue for Eligible Persons</b></p>	<p>For purposes of Section 12.E, in the case of any individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F With High Deductible) shall be deemed to be a reference to Medicare supplement policy D or G (including G With High Deductible), respectively, that meet the requirements of this section 9.2.A.</p>	<p>3. Guaranteed Issue for Eligible Persons. For purposes of NAC 687B.2057, in the case of any individual newly eligible for Medicare on or after January 1, 2020, any reference to a Medicare supplement policy C or F (including F With High Deductible) shall be deemed to be a reference to Medicare supplement policy D or G (including G With High</p>	<p><i>No provision.</i></p>

<b>Issue</b>	<u>NAIC Model Regulation</u>	<u>Initial Agency Draft – R041-171</u>	<u>LCB Proposed Draft – R 041-17P</u>
	Section 9.2(C)	Deductible) respectively that meet the requirements of this subsection 1 of Section 6 of this regulation.  Section 5(3)	
	<b>AHIP Comment:</b> Guaranteed issue protections are a vital component of the Medicare Supplement product. Guaranteed issue protections similar to Section 12.E of the NAIC model are incorporated in Nevada regulation at NAC 687B.2057. Because two of the current guaranteed issue plans, Plans C and F, will no longer be available for individuals newly eligible on or after January 1, 2020, Plans D and G will become two of the guaranteed issue plans for these individuals. We recommend including a provision similar to the one contained in the NAIC model and the Division’s initial draft.		
<b>Applicability to Waivered States</b>	In the case of a State described in Section 1882(p)(6) of the Social Security Act (“waivered” alternative simplification states) MACRA prohibits the coverage of the Medicare Part B deductible for any Medicare supplement policy sold or issued to an individual that is newly eligible for Medicare on or after January 1, 2020.  Section 9.2(D)	4. Applicability to Waivered States. In the case of a State described in Section 1882(p)(6) of the Social Security Act (“waivered” alternative simplification states) MACRA prohibits the coverage of the Medicare Part B deductible for any Medicare supplement policy sold or issued to an individual that is newly eligible for Medicare on or after January 1, 2020.  Section 5(4)	No provision.
<b>Offer of Redesignated Plans to Individuals</b>	On or after January 1, 2020, the standardized benefit plans described in Subparagraph A(4), above may be offered to any individual who was eligible for Medicare prior to	5. Offer of Redesignated Plans to Individuals Other Than Newly Eligible. On or after January 1, 2020, the standardized benefit plans described in	3. On or after January 1, 2020: (c) In addition to the 2010 standardized benefit plans to supplement Medicare described in subsection 7
<b>AHIP Comment:</b> As Nevada does not have a waiver from implementing the standardized Medicare Supplement plans, we have no objection to the proposed regulations excluding this provision.			

Issue	NAIC Model Regulation	Initial Agency Draft – R041-171	LCB Proposed Draft – R 041-17P
<p><b>Other than Newly Eligible</b></p>	<p>January 1, 2020, in addition to the standardized plans described in Section 9.1E of this regulation.</p> <p><i>Section 9.2(E)</i></p> <p>(7) ...Effective January 1, 2020, the standardized benefit plans described in Section 9.2A (4) of this regulation (Redesignated Plan G High Deductible) may be offered to any individual who was eligible for Medicare prior to January 1, 2020.</p> <p><i>Section 9.1(E)(7)</i></p>	<p>paragraph (d) of subsection 1 of Section 6, above may be offered to any individual who was eligible for Medicare prior to January 1, 2020 in to the standardized plans described in subsection 7 of NAC 687B.323.</p> <p><i>Section 5(5)</i></p>	<p>of NAC 687B.323, an issuer may offer for sale the standardized benefit plan described in paragraph (e) of subsection 3 of section 6 of this regulation, referred to as a High Deductible Benefit Plan G, to an individual who is newly eligible before January 1, 2020.</p> <p><i>Section 5(3)(c)</i></p>
<p><b>AHIP Comment:</b> To ensure conformity with the NAIC model, we suggest that NAC 687B.323(7)(g) be amended to include the above excerpted language from NAIC Model Section 9.1(E)(7).</p>			