

From: [Frank Nolimal](#)
To: [Insurance Regulation](#)
Subject: November 12, 2024 - Workshop remarks on LCB file R122-24 Contracts of Insurance
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Nevada Division of Insurance

Written comments on LCB file R122-24 Contracts of Insurance

My name is Frank Nolimal and I have held a Life and Health License in the State of Nevada since 1976. My office is in Las Vegas, and I practice in the employee benefit market under my insurance agency Acrisure.

I would like to speak in favor of the carriers providing claims data found on both templates displayed on the Division of Insurance website. The current claims data provided by the carriers in the 2 to 100 market is not adequate. It merely provides the dollar amount of incurred losses for the past 12- and 24-month periods. Here are the three reasons I am in favor of the additional claims data that will be included in the proposed 1 to 50 and 51 to 100 employee size employers:

- As a benefit advisor, clients would like a better disclosure on their annual medical plan renewal. Currently in the 2 to 50 ACA community rated pool market, agents are merely given “the rate of renewal” in the form of a percentage increase. In the ACA community rated market, part of the increase in the demographics based on age. This can be calculated and demonstrated to a client. Simply telling a client that the “medical trend” on their plan is not enough. Under the proposed claims templates, it will show the client their past 12 or 24-month major claims and prescriptions cost. This will give them a better understanding as to why they are paying the level of premium requested by the carrier. Many employers require their employees to share part of the cost of the employee’s healthcare premium and most of the dependents’ cost. Disclosure of medical losses will help the employers explain probable rate increases in the future.
- In the 51 employees and over market, the need for the disclosures available in the proposed template will even be more important. First, it provides the employer with data showing the overall claims experience. However, the new template will provide more disclosure on specific high-cost medical treatments and prescription drugs that

are being utilized by the covered employees and their dependents. It will provide the employer with more objective data when they receive their annual renewal. This same data is needed for an insurance consultant to properly “remarket” their benefit plan out to other competing carriers. As a result of data available on the template, clients will be able to judge why their renewal rate is good or bad and allow competing carriers to proactively seek their business or decline to quote.

- With the lowering of the number of employees needed to seek coverage on the “guaranteed level funded” ERISA plans, more medical loss data is needed on groups below 50 employees. Currently, there is no specific loss data available to groups in the ACA community rated plans. As a result of the data available on the template for smaller groups, it will be easier to determine if an employer has “healthier group” that makes these level funded plans more attractive.

Sincerely,

Frank Nolimal

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