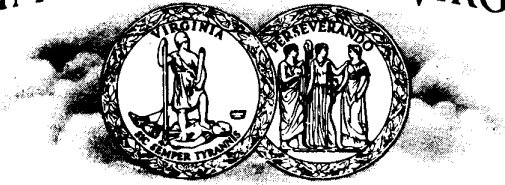


# COMMONWEALTH OF VIRGINIA

STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE



BOX 1157  
RICHMOND, VIRGINIA 23209  
TELEPHONE: (804) 371-9741  
TDD/VOICE: (804) 371-9375

## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

January 11, 1994

### ADMINISTRATIVE LETTER 1994 - 3

**TO: All Insurers, Health Services Plans, Fraternal Benefit Societies, and Health Maintenance Organizations Licensed to Write Accident and Sickness Insurance in Virginia**

**RE: Medicare Supplement Insurance Premiums Comparison Lists**

The State Corporation Commission Bureau of Insurance has been providing technical assistance to the Virginia Insurance Counseling and Advocacy Project (VICAP), conducted under the auspices of the Virginia Department for the Aging. Volunteer counselors and regional coordinators for VICAP need accurate information about the various Medicare supplement policies available in Virginia, and the Bureau of Insurance intends to begin providing such information to VICAP commencing in 1994.

One of the primary objectives of Medicare supplement standardization is to make it possible to compare premiums and benefits among companies and policies. The Bureau of Insurance realizes that consumers will benefit most fully only if they have easy access to premium and benefit information about all plans approved in Virginia. We are seeking to accomplish this by compiling and publishing a Medicare supplement premium list. Your assistance is requested in the collection and distribution of this data. While the Bureau cannot compel insurers to provide the information requested herein, insurers failing to provide the requested information by the due date (February 1, 1994) will not be included on the list provided to VICAP volunteers and to consumers in Virginia.

Since it is impractical to produce charts showing the premiums at every age for every plan, Virginia, like other states, is adopting an approach that will show the premiums at 5 year intervals for Plans A-J for five (5) different categories:

1. Medicare eligible purchased at age 65;
2. Medicare eligible purchased at age 70;
3. Medicare eligible purchased at age 75;
4. Medicare eligible purchased at age 80;
5. Medicare eligible under age 65 - Disabled

We are requesting that the following information be included:

**Company:** Please fill in your company name as you would want it to appear in our premium publication. If the name is too long for the space, please make an acceptable abbreviation.

**Phone Number:** If available, show a toll-free number that may be used by potential customers seeking policy information. If toll-free is not available, show the area code with the toll number.

**Area:** If you do not have area rating (i.e. all residents of this state would pay the same premium) enter "A". If there are geographic differences in premiums, enter "Z" and show premiums for a resident of Richmond zip code. Richmond - 232

**Sex:** If your rates are unisex, enter M/F. If not, enter M for the male rate, and F for the female.

**Prem Type (Premium type):** If the policy is rated on an attained age basis, enter AA. If it is rated at issue age, enter IA.

**Guar. Issue:** Enter N unless the policy will be issued without regard to the applicant's health (outside the open enrollment period). If applicant cannot be rejected for health reasons, enter Y. If there is a mix (e.g. underwriting only plans, H, I, J) enter Y and explain the deviations.

**Crossover:** Enter Y if the policy is included in a crossover contract between your company and Medicare, providing for Medicare to forward claims directly to the company. Enter N if there is no crossover service other than that required when policyholders use participating providers.

**Pre-Ex Wait:** Enter the number of months the new policyholder must wait before pre-existing medical conditions will be covered (assuming it is not a replacement policy).

**Date Approved:** Enter the date these rates were approved by the Bureau of Insurance.

**Policy Fee:** Enter the amount of any one-time fee required of the purchaser (whether called "policy fee," "Membership fee," etc.).

**Premiums:** Compute annual premiums which will be in effect on February 1, 1994. Include any fees imposed for payment in installments rather than single annual payment.

If you do not offer a specific plan, leave that space blank.

Round off to the nearest dollar.

It is the Bureau's intention to request an updated premium list (using the same format as the attached chart) by December 1 of each year. Lists will be published annually in February.

Please return the attached completed charts no later than February 1, 1994 to:

Olivia Bryant Claud  
Senior Insurance Analyst  
State Corporation Commission  
Bureau of Insurance  
Box 1157  
Richmond, VA 23209  
(804) 371-9389  
Fax # (804)-371-9944

This data can be collected via diskette. We will provide a 3.5" computer diskette, but are requesting one week of prior notification. The premium survey will be pre-programmed ("Med 94") on the diskette in lotus 1-2-3. To request a diskette, please call the above number.

Sincerely yours,



Steven T. Foster  
Commissioner of Insurance

OBC/mrr  
Attachments







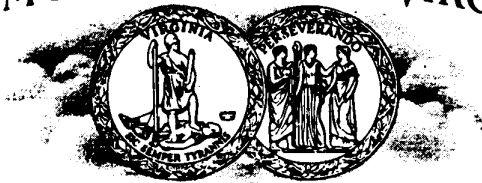






# COMMONWEALTH OF VIRGINIA

STEVEN T. FOSTER  
COMMISSIONER OF INSURANCE



BOX 1157  
RICHMOND, VIRGINIA 23209  
TELEPHONE: (804) 371-9741  
TDD/VOICE: (804) 371-9375

## STATE CORPORATION COMMISSION BUREAU OF INSURANCE

January 20, 1994

**ADMINISTRATIVE LETTER  
1994-4**

**To: All Insurers, Health Services Plans, and Health Maintenance Organizations Licensed to Write Accident and Sickness Insurance in Virginia**

**Re: Virginia Insurance Regulation No. 38: Rules Governing the Reporting of Cost and Utilization Data Relating to Mandated Benefits and Mandated Providers**

Pursuant to Virginia Insurance Regulation No. 38 and § 38.2-3419.1 of the Code of Virginia, **ALL** insurers, health services plans, and health maintenance organizations licensed to issue policies of accident and sickness insurance or subscription contracts in Virginia are to report cost and utilization data relating to mandated benefits and mandated providers for the calendar year 1993 to the Bureau of Insurance by May 1, 1994.

Each and every company licensed as described above must submit a report to the Bureau of Insurance. Please note the following:

1. Companies that meet any one of the exemption criteria contained in Section 4.B. of Regulation No. 38 for the 1993 reporting period are required to complete and file the first page of Form MB-1. It is the Bureau's position that insurers exempt pursuant to Section 4.B. are **NOT** exempt from the regulation; they are merely exempt from the full reporting requirement. The fact that a company may have written no applicable business in Virginia during 1993 does not exempt that company from filing for an exemption. **Each licensed company must file either a full report or a request for exemption.**
2. It is not acceptable to consolidate information from companies within the same holding company system. Each licensed company must file its own Form MB-1.
3. This is the third reporting year since Regulation No. 38 became effective. Lack of notice, lack of information, lack of a means of producing the required data, or other such excuses will under no circumstances be accepted. Please be