

State: Oregon Filing Company: New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Filing at a Glance

Company: New York Life Insurance Company
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
State: Oregon
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.002C Large Group Only - Other
Filing Type: Form
Date Submitted: 04/24/2013
SERFF Tr Num: NYLM-128998137
SERFF Status: Closed-Filed as information
State Tr Num: NYLM-128998137
State Status: Review completed
Co Tr Num: DISCONTINUATION OF MEDICAL INSURANCE COVERAGE - OREGON
Implementation Date: 02/22/2013
Date Requested:
Author(s): Al Gomes
Reviewer(s): Rhonda Saunders-Ricks (primary), Rick Barry
Disposition Date: 06/05/2013
Disposition Status: Filed as information
Implementation Date: 06/05/2013

State Filing Description:
Modification and Discontinuance of Health Benefit Plans

State: Oregon **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

General Information

Project Name: Discontinuation of Medical Insurance Coverage Status of Filing in Domicile:
- Oregon

Project Number: Discontinuation of Medical Insurance Coverage - Oregon Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association, Trust, Non Employer Group Overall Rate Impact:

Filing Status Changed: 06/05/2013

State Status Changed: 06/05/2013

Deemer Date:

Created By: Al Gomes

Submitted By: Al Gomes

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:

As requested by Rhonda Saunders-Ricks and Rick Barry of the Oregon Insurance Division, the enclosed information has been submitted via SERFF.

As outlined in the withdrawal letter, New York Life's discontinuance of all medical insurance coverage includes group major medical insurance provided through out-of-state, non-employer based, bona fide associations/trust plans.

The sole group that was actively marketed or sold in Oregon was the Trustees of the American Veterinary Medical Association Group Health and Life Insurance Trust ("AVMA") issued on form GMR et al (group policy G-14884-3 - State Tr Num: GH 0603 08 OID # 248/SERFF Tr Num: NYLM-125961198). As of 12/31/2012, this case is no longer being actively marketed or sold.

Additionally, there are two individuals who obtained major medical coverage through the American Association of Orthodontists ("AAO" - group policy G14242-1); one individual who obtained coverage through the American College of Surgeons ("ACS" - group policy G-29001-3); and three individuals who obtained coverage under the Trustee of the Geocare Benefits Group Insurance Trust ("AAPG" - group policy 29065-0). Coverage to these groups has not been marketed or sold in Oregon for several years. AAO (State Tr Num: GH 0478 10 OID # 559/SERFF Tr Num: NYLM-126798497) and ACS (State Tr Num: GH 0483 10 OID # 580/SERFF Tr Num: NYLM-126798584) were filed for group approval. The individuals insured under AAPG presumably obtained coverage in another jurisdiction and subsequently moved to Oregon.

Finally, the 22 insureds under the remaining policy numbers (G-29058; G-30100; and G-30104) consist of group limited benefits catastrophic insurance which was never sold by New York Life. These insureds were the result of New York Life taking over the case when the prior carrier terminated the business.

Please see the attached submission of Transmittal Form (440-2896), Notice of Discontinuation of Medical Insurance Coverage and applicable Exhibits.

Please do not hesitate to contact us if you have any other questions.

State: Oregon **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Company and Contact

Filing Contact Information

Al Gomes, Senior Associate Al_Gomes@newyorklife.com
 New York Life Insurance Company 914-846-3445 [Phone]
 1 Rockwood Road 914-846-4354 [FAX]
 Sleepy Hollow, NY 10591

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
51 Madison Avenue	Group Code: 826	Company Type:
New York, NY 10010	Group Name:	State ID Number:
(212) 576-5814 ext. [Phone]	FEIN Number: 13-5582869	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

State Specific

Have you reviewed the General Instructions attached as a separate pdf at the bottom of the General Instructions page?: Yes
 Did you read the instructions regarding how to enter the form number and edition date in the Forms Schedule tab?: Yes
 Did you realize Oregon does not respond to Status Requests thru SERFF?: Yes
 Please confirm that you have read the Fraud Bulletin 2010-3 located at:
<http://www.cbs.state.or.us/external/ins/bulletins/bulletin2010-03.pdf>: Yes
 Have you attached under the Supporting Documentation tab any state specific Amendatory Endorsements that will be used to bring the submitted forms into compliance with our statutes?: N/A

State:	Oregon	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002C Large Group Only - Other		
Product Name:	Discontinuation of Medical Insurance Coverage - Oregon		
Project Name/Number:	Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed as information	Rhonda Saunders-Ricks	06/05/2013	06/05/2013
Approved	Rhonda Saunders-Ricks	06/05/2013	06/05/2013

SERFF Tracking #:

NYLM-128998137

State Tracking #:

NYLM-128998137

Company Tracking #:

DISCONTINUATION OF MEDICAL
INSURANCE COV...

State: Oregon
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Filing Company:

New York Life Insurance Company

Disposition

Disposition Date: 06/05/2013

Implementation Date: 06/05/2013

Status: Filed as information

HHS Status: Not Reported

State Review:

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Reviewed-No Action	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	2448 Standards for Group Health Benefit Plans - Medical - Hospital - Surgical	Reviewed-No Action	Yes
Supporting Document	3899 Readability Certification	Reviewed-No Action	Yes
Supporting Document	2896 Benefit Modification & Discontinuance of Health Benefit Plans	Reviewed-No Action	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Reviewed-No Action	Yes
Supporting Document	2441; 2441A; 2441D Standards for Associations, Trusts, or Discretionary Groups	Reviewed-No Action	Yes
Supporting Document	Notice of Discontinuation of Medical Insurance Coverage	Reviewed-No Action	Yes
Supporting Document	Exhibit A	Information only	Yes
Supporting Document	Exhibit B	Information only	Yes
Supporting Document	Exhibit C	Information only	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Limited Benefits Catastrophic Insurance	Withdrawn/no approval	Yes

SERFF Tracking #:

NYLM-128998137

State Tracking #:

NYLM-128998137

Company Tracking #:

DISCONTINUATION OF MEDICAL
INSURANCE COV...

State: Oregon

Filing Company:

New York Life Insurance Company

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other

Product Name: Discontinuation of Medical Insurance Coverage - Oregon

Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Disposition

Disposition Date: 06/05/2013

Implementation Date: 06/05/2013

Status: Approved

HHS Status: HHS Approved

State Review:

Comment: Effective 12/31/2013

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Reviewed-No Action	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	2448 Standards for Group Health Benefit Plans - Medical - Hospital - Surgical	Reviewed-No Action	Yes
Supporting Document	3899 Readability Certification	Reviewed-No Action	Yes
Supporting Document	2896 Benefit Modification & Discontinuance of Health Benefit Plans	Reviewed-No Action	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Reviewed-No Action	Yes
Supporting Document	2441; 2441A; 2441D Standards for Associations, Trusts, or Discretionary Groups	Reviewed-No Action	Yes
Supporting Document	Notice of Discontinuation of Medical Insurance Coverage	Reviewed-No Action	Yes
Supporting Document	Exhibit A	Information only	Yes
Supporting Document	Exhibit B	Information only	Yes
Supporting Document	Exhibit C	Information only	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Major Medical	Withdrawn/no approval	Yes
Form	Group Limited Benefits Catastrophic Insurance	Withdrawn/no approval	Yes

SERFF Tracking #:

NYLM-128998137

State Tracking #:

NYLM-128998137

Company Tracking #:

DISCONTINUATION OF MEDICAL
INSURANCE COV...

State: Oregon **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Withdrawn/no approval 06/05/2013	Group Major Medical	GMR-FACE/G-14884-3	CER	Other	Withdrawal		
2	Withdrawn/no approval 06/05/2013	Group Major Medical	GMR-FACE/G-14242-1	CER	Other	Withdrawal		
3	Withdrawn/no approval 06/05/2013	Group Major Medical	GMR-FACE/G-29001-3	CER	Other	Withdrawal		
4	Withdrawn/no approval 06/05/2013	Group Major Medical	GMR-FACE/G-29065-0	CER	Other	Withdrawal		
5	Withdrawn/no approval 06/05/2013	Group Limited Benefits Catastrophic Insurance	GMR-FACE/G-29058; G-30100; G-30104	CER	Other	Withdrawal		

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

SERFF Tracking #:

NYLM-128998137

State Tracking #:

NYLM-128998137

Company Tracking #:

DISCONTINUATION OF MEDICAL
INSURANCE COV...

State: Oregon **Filing Company:** New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other
Product Name: Discontinuation of Medical Insurance Coverage - Oregon
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon

Supporting Document Schedules

Bypassed - Item:	Cover Letter or Explanatory Memorandum
Bypass Reason:	Please see the Filing Description on the General Information Tab for details related to this filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Bypassed - Item:	Third party filers letter of authorization
Bypass Reason:	N/A as this filing is being submitted by the insurer.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Satisfied - Item:	3894 Certification of Compliance
Comments:	Please see attached Certificate of Compliance.
Attachment(s):	(OR) Certificate of Compliance.pdf
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Bypassed - Item:	2448 Standards for Group Health Benefit Plans - Medical - Hospital - Surgical
Bypass Reason:	N/A as this notice of withdrawal filing does not contain any forms.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Bypassed - Item:	3899 Readability Certification
Bypass Reason:	N/A as this notice of withdrawal filing does not contain any forms.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Satisfied - Item:	2896 Benefit Modification & Discontinuance of Health Benefit Plans
Comments:	Please see attached transmittal form.
Attachment(s):	Form 440-2896_AssociationTrust.pdf
Item Status:	Reviewed-No Action

State: Oregon	Filing Company: New York Life Insurance Company
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.002C Large Group Only - Other	
Product Name: Discontinuation of Medical Insurance Coverage - Oregon	
Project Name/Number: Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon	

Status Date:	06/05/2013
---------------------	------------

Bypassed - Item:	Highlighted/Redline form version if a replaced, amended or similar forms
Bypass Reason:	N/A as this notice of withdrawal filing does not contain any forms.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Bypassed - Item:	2441; 2441A; 2441D Standards for Associations, Trusts, or Discretionary Groups
Bypass Reason:	N/A as this filing is for a withdrawal from the medical insurance market, not an endeavor to issue coverage to an association, trust or discretionary group.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Satisfied - Item:	Notice of Discontinuation of Medical Insurance Coverage
Comments:	Please see attached notice.
Attachment(s):	Oregon.pdf
Item Status:	Reviewed-No Action
Status Date:	06/05/2013

Satisfied - Item:	Exhibit A
Comments:	Please see attached Exhibit.
Attachment(s):	(OR) Letter to Policyholders-Exhibit A_2-14-2013.pdf
Item Status:	Information only
Status Date:	06/05/2013

Satisfied - Item:	Exhibit B
Comments:	Please see attached Exhibit.
Attachment(s):	(OR) Letter to Plan Sponsors-Exhibit B_2-14-2013.pdf
Item Status:	Information only
Status Date:	06/05/2013

Satisfied - Item:	Exhibit C
Comments:	Please see attached Exhibit.
Attachment(s):	(OR) Letter to Insureds-Exhibit C_2-15-2013.pdf
Item Status:	Information only

SERFF Tracking #:	NYLM-128998137	State Tracking #:	NYLM-128998137	Company Tracking #:	DISCONTINUATION OF MEDICAL INSURANCE COV...
--------------------------	----------------	--------------------------	----------------	----------------------------	--

State:	Oregon	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.002C Large Group Only - Other		
Product Name:	Discontinuation of Medical Insurance Coverage - Oregon		
Project Name/Number:	Discontinuation of Medical Insurance Coverage - Oregon/Discontinuation of Medical Insurance Coverage - Oregon		

Status Date:	06/05/2013
---------------------	------------

Department of Consumer & Business Services
Oregon Insurance Division - 5
350 Winter St. NE, Rm. 440
Salem, Oregon 97301-3883
Phone (503) 947-7983

CERTIFICATE OF COMPLIANCE

I, the undersigned authorized filer, hereby certify that the filing submitted complies with the applicable Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I further certify that I am authorized to sign and submit this certificate on behalf of the Company identified below (hereinafter Company).

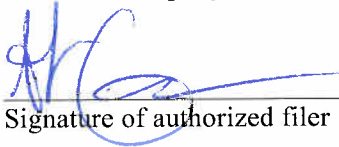
I, the undersigned authorized officer, a duly authorized officer of Company, certify that the undersigned authorized filer is authorized to certify on behalf of Company that this filing complies with the Oregon laws, Oregon Administrative Rules, Oregon Insurance Bulletins and applicable filing requirements and product standards set forth on the Insurance Division's web site and that the filing is not false or misleading in any material respect. I understand that the Oregon Insurance Division will rely on this certificate and, should it be determined that this filing is materially false or misleading, appropriate corrective and disciplinary action including monetary penalties, as authorized by law, will be taken by the Oregon Insurance Division against the Company.

New York Life Insurance Company

NAIC# 66915

Name of Company

Company's filing number or the primary form number for the filing



4/24/2013

Signature of authorized filer

Date

Al Gomes

1 Rockwood Road

Print name of authorized filer

Address of Company or authorized filer

Senior Associate

Sleepy Hollow, NY 10591

Title

City State ZIP

914-846-3445

Al_Gomes@newyorklife.com

Direct telephone number of authorized filer

E-mail address of authorized filer

212-576-7000

914-846-4354

Toll free or collect phone number

Fax number of authorized filer



4/24/2013

Signature of authorized officer and title

Date

Bruce E. Dreizen - Corp.VP - Contracts

4/24/2013

Print name of authorized officer and title

Date

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter St., NE
Salem, Oregon 97301-3883
Phone: (503) 947-7983

**TRANSMITTAL AND REQUIREMENTS FOR
MODIFICATION AND DISCONTINUANCE OF HEALTH BENEFIT PLANS
as defined in ORS 743.730(19)(a)**

Date:4/22/2013

NAIC No:66915

Insurer name:New York Life Insurance Company

Filing entity name (if not insurer):_____

If not the insurer, a letter of authorization must be included in the filing.

Contact person's name:Al Gomes

Title:Senior Associate

Mailing address:1 Rockwood Road, Sleepy Hollow, NY 10591

Toll-free/collect phone no.:212-576-7000

Email address:Al_Gomes@newyorklife.com

Effective date:_____

This filing is submitted for:

MODIFICATION – OAR 836-053-0001 (complete Section I, III, and IV)

DISCONTINUANCE – ORS 743.737; 743.754; 743.766 (complete Section II, III, and IV)

Patient Protection Affordability Care Act (PPACA)

Plan(s) are:

Non-Grandfathered

Grandfathered

If grandfathered the plans are:

Losing Grandfathered status

Maintaining Grandfathered status

The following is a checklist of standards to help carriers make a complete filing in compliance with relevant statutes and rules. In some cases, the statements contained in this form are summaries and it may be necessary to refer to the entire statute or rule. The filer's signature on the certification form is confirmation that diligent consideration has been given each item. In the case of modification, replacement rates and forms must be submitted with this transmittal document.

Department Action:

Approved;
Limitations _____

Processed as Information

Withdrawn

Disapproved;
Reason: _____

Action Date: _____

Effective Date: _____
If different from action date

Analyst: _____

State Filing No.: _____

I. MODIFICATION – OAR 836-053-0001

- A modification is a change or changes that alter the actuarial valuation of the health benefit plan less than 10% in the aggregate to the policyholder.
- Modifications can only be implemented at the time of renewal.
- A notice explaining all changes must be sent to all policyholders at least 30 days prior to their renewal date. OAR 836-053-0001(3)

1. Please select the type(s) of health plan involved

- Small employer group health benefit plan
- Large group health benefit plan
- Individual health benefit plan
- Portability health benefit plan

2. Please select the type of modification that applies:

- Eliminating or adding benefits or services payable in a health benefit plan
- Increasing or decreasing benefits payable or services under a plan, including a decrease or increase that occurs as a result of a change in formulas, methodologies or schedules that serve as the basis for making benefit determinations.
- Increasing or decreasing deductibles, copayments or other amounts to be paid by an enrollee.
- Establishing new conditions or requirements such as preauthorization requirements to obtain services or benefits under the plan or eliminating such conditions or requirements.

3. ORS 742.003(4) Prior to issuing notices:

- a) Include a copy of the notice that will be sent to policyholders at renewal advising them of the modification(s) to their plan.
- b) In the case of a group plan, if a carrier plans to notify subscribers, include a copy of the notice that advises them of the modification(s) to their plan at renewal.
- c) For Individual plan modifications, include a copy of the notice that will be sent to policyholders.

Continue to Section III.

II. DISCONTINUANCE – ORS 743.737; 743.754; 743.766

1. Please select the type of health plan involved:

- Small group health benefit plan
- Large group health benefit plan
- Individual health benefit plan
- Portability health benefit plan

If a carrier is discontinuing all of the group products in this state, a separate Portability discontinuance filing must be submitted. If there are no other group products and as a result, Portability plans cannot be continued, carriers may offer enrollees their Individual plans with no health status underwriting as well as the option to obtain coverage through the Oregon Medical Insurance Pool (OMIP).

2. Does the carrier have other “group” products in this state? Yes No

a) If yes, small large both large and small group

3. Corresponding portability plan(s) discontinuation filing is included under separate cover. If a Portability discontinuation filing is not included in this filing or under separate cover, please explain why:

Withdrawing altogether from the medical care market.

4. Does the carrier have “individual” products in this state? Yes No

a.) If yes, will the carrier offer the portability members the individual plan

- without medical underwriting
- with medical underwriting

5. The carrier is discontinuing offering or renewing, or offering and renewing **all** health benefit plans in specified area(s) within Oregon. Which counties are affected?
All.

6. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in Oregon.

7. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in specified area(s) within Oregon. Which counties are affected?(closed block)

8. ORS 742.003(4) Prior to issuing notices:

- Provide a copy of the notice to DCBS for review prior to issuing the notices to the policyholders. The notices must provide detailed information regarding the policyholder’s options.

III. REQUIRED SUPPORTING DOCUMENTATION

List all plans being discontinued or modified and provide the number of policyholders in each plan involved. (Attach an additional page if needed)

<u>Plan and Form Number</u>	<u>Grandfathered</u> Yes/No	<u>Name</u>	<u># of Insured Lives</u>
<u>GMR-FACE/G-14884-3</u>	<u>Both</u>	<u>AVMA</u>	<u>302</u>
<u>GMR-FACE/G-14242-1</u>	<u>Both</u>	<u>AAO</u>	<u>2</u>
<u>GMR-FACE/G-29001-3</u>	<u>Both</u>	<u>ACS</u>	<u>1</u>
<u>GMR-FACE/G-29065-0</u>	<u>Both</u>	<u>AAPG</u>	<u>3</u>
<u>GMR-FACE/G-29058; G-30100; G-30104</u>		<u>N/A</u>	<u>22</u>
_____	_____	_____	_____

IV. Items required in filing, whether modification or discontinuance:

1. An actuarial demonstration describing the changes in benefits and/or rates.
2. Include a chart showing claim cost percentages of premium for all the added or discontinued benefits and/or services and the sum of the changes. Note: the idea here is to prove a modification (less than 10%) or discontinuance (more than 10%). The same service can have different dollar values depending on other provisions such as deductibles. We need the overall effect, best stated as a percentage including the percentage for each item in the list that represents the items' portion of the total premium. **If this information is not included in the filing, please provide a written explanation.**
3. Provide a description of the data (source and time period) used to develop the value for the benefits and/or services.
4. A list of the changes in the modification including a side-by-side comparison showing the previous benefit structure compared to the new benefit structure.
5. A side-by-side comparison showing the new plan that will be closest to the discontinued.
6. Language changes that constitute a benefit or service change must be included in the side-by-side comparison.
7. Provide a statement as to why the changes are needed. (*See Filing Description and enclosed Withdrawal letter)

Carriers are subject to a 5-year ban from the Oregon market product line they elect to discontinue.

Small Employer ORS 743.736(12)
440-2896 (3/13/INS)

Individual ORS 743.769(6)

Large Group ORS 743.752(2)



The Company You Keep®

New York Life Insurance Company

1 Rockwood Road
Sleepy Hollow, NY 10591

Raghu Rangachar

Vice President & Actuary
Bus: 914-846-3376
Fax: 914-846-4469
rrangach@nyl.com

February 15, 2013

Commissioner of Insurance
Mr. Louis Savage
Oregon Insurance Department
Insurance Division
350 Winter Street NE, Room 440
Salem, OR 97301-3883

Re: Discontinuation of Medical Insurance Coverage

Dear Mr. Savage:

Please accept this notice, pursuant to 42 U.S.C. § 300gg-2, that New York Life Insurance Company ("New York Life") intends to discontinue offering all medical care insurance coverage in Oregon and in all other States and D.C. effective January 1, 2014.

This decision, which will impact 330 individuals, came after careful consideration, including weighing the impact of the new requirements imposed on carriers by the Patient Protection and Affordable Care Act ("PPACA"). Based upon PPACA and confirmed through our discussions with CMS it has become clear that beginning on January 1, 2014, New York Life would be required to offer medical care insurance to all individuals and employers. New York Life currently only underwrites group association coverage in the medical care market, primarily to non-employer based bona fide association coverage. New York Life does not have the ability in terms of resources, time, personnel, and systems, nor the administrative capability to become an individual health carrier. New York Life had exited the individual health market many years ago and our strategic initiatives do not include a re-entry into the individual medical care market.

This decision is not limited to Oregon as New York Life is exiting the medical insurance market in all fifty states and the District of Columbia.

With regard to Oregon, New York Life's discontinuation of all group association medical insurance coverage will affect the following medical care coverages and policy forms:

Medical Care Coverages:

- Major Medical Insurance & Catastrophe Medical Insurance
 - (Policy Form GMR et al.)

New York Life has made efforts to ensure a smooth transition for the individuals impacted by this decision. Most importantly, all individuals will have medical care coverage through December 31, 2013 so as to prevent any gaps in coverage. New York Life intends to notify each group policyholder, plan sponsor, and plan participant covered under these policies that their coverage will be non-renewed effective January 1, 2014 and that as of that date, they will have the option of obtaining replacement coverage from the following sources:

- The State or Federal health insurance exchange which is anticipated to become operational as of October 1, 2014.
- Individuals will be provided the names and contact information for the three major carriers in the medical care market in Oregon.

New York Life will be prepared to respond to inquiries from individuals impacted by this decision. The company will have staff ready to respond to questions from plan sponsors and plan participants. We have included our notification letter. New York Life further anticipates that it will mail the statutory 180-day notice to each group policyholder, plan sponsor and plan participant covered under New York Life's current medical insurance coverage by June 2013. Drafts of the notice letters proposed to be sent to group policyholders, plan sponsors and plan participants are attached hereto as Exhibits A, B and C, respectively.

Please be advised that this notice does not apply to the coverages outlined below:

The Excepted benefits outlined in The Code of Federal Regulations -- Title 45 -- Subtitle A -- Part 146 -- Section 146.145 (c) (2) benefits excepted in all circumstances; (c) (3) Limited excepted benefits; (c) (4) Noncoordinated benefits, and (c) (5) Supplemental benefits; including but not limited to the following coverages:

- Dental
- Vision
- Accident
- Critical Illness or Specified Disease or illness
- Cancer
- Long Term Care

- Disability Income
 - Long-Term
 - Short-Term
- Hospital Indemnity or other fixed indemnity insurance

Please do not hesitate to contact Al Gomes of New York Life at (914) 846-3445 or by email at Al_Gomes@newyorklife.com if you have any questions regarding the anticipated actions described in this letter.

Sincerely,

A handwritten signature in cursive script that reads "Raghu Rangachar".

Raghu Rangachar

Exhibit A

[New York Life Letterhead]

DATE[Formal policyholder]
[Address]

Re: Non-Renewal of Health Insurance Coverage

Dear []:

In accordance with applicable state and federal law, we are writing to notify you that New York Life Insurance Company (“New York Life” or “we”) intends to discontinue offering health insurance coverage of the type provided by the plan for which you are a group policyholder and to non-renew your group policy effective January 1, 2014. New York Life is exiting the group association medical care insurance market in all states and is notifying all group policyholders, plan sponsors, and participants under our group association medical care insurance policies that their group policies will be non-renewed as of January 1, 2014. Additionally, New York Life is making similar notification filings with the state insurance regulators of all fifty states and the District of Columbia.

New York Life understands that as of January 1, 2014, your insureds will have the option of seeking appropriate replacement coverage for your New York Life group policy that is being non-renewed by participating in the state insurance exchange or in the Federal insurance exchange (or both). New York Life in conjunction with their Third Party Administrators is staffing a telephone hotline with trained personnel capable of responding to questions your insureds may have with regard to seeking replacement coverage for your group policy.

2014 OPEN ENROLLMENT WILL BEGIN ON OCTOBER 1, 2013 AND END ON MARCH 31, 2014. IF YOU PURCHASE A POLICY THROUGH OREGON’S HEALTH INSURANCE EXCHANGE, COVER OREGON, YOU MAY BE ELIGIBLE FOR A SUBSIDY AND/OR TAX CREDITS BASED ON YOUR INCOME. CONTACT COVER OREGON AT 1-855-COVEROR (1-855- 268-3767) OR YOUR INSURANCE AGENT FOR MORE INFORMATION.

The decision to exit the medical care marketplace was not an easy one but the evolving market conditions in the health insurance industry under Health Care Reform laws and regulations which are named Patient Protection and Affordable Care Act (PPACA”) prevent us from continuing to offer competitive medical insurance for association plans such as yours. Please do not hesitate to contact me if you have any questions regarding the actions described in this letter.

Very truly yours,

Exhibit B

[New York Life Letterhead]

DATE

[Plan Sponsor]
[Address]

Re: Non-Renewal of Health Insurance Coverage

Dear []:

As previously discussed, in accordance with applicable state and federal law, we are writing to notify you that New York Life Insurance Company (“New York Life” or “we”) intends to discontinue offering health insurance coverage of the type provided by the plan for which you are a sponsor and to non-renew your group policy effective January 1, 2014. New York Life is exiting the group association medical care insurance market in all states and is notifying all group policyholders, plan sponsors, and participants under our group association medical care insurance policies that their group policies will be non-renewed as of January 1, 2014. Additionally, New York Life is making similar notification filings with the state insurance regulators of all fifty states and the District of Columbia.

New York Life understands that as of January 1, 2014, your insureds will have the option of seeking appropriate replacement coverage for your New York Life group policy that is being non-renewed by participating in the state insurance exchange or in the Federal insurance exchange (or both). New York Life will work closely with you and your TPA to provide as much detailed information to your insureds so that they can make an informed decision about replacement coverage. This will include the staffing a telephone hotline with trained personnel capable of responding to questions insureds may have with regard to seeking replacement coverage for your group policy. We will provide several communication pieces to your insureds to keep them informed and to remind them that they need to purchase other coverage effective January 1, 2014. Special attention will be given to insureds ages 65 and over who may need to enroll in Medicare Part B and/or D or who may wish to consider a Medicare Supplemental policy of Medicare Advantage program.

2014 OPEN ENROLLMENT WILL BEGIN ON OCTOBER 1, 2013 AND END ON MARCH 31, 2014. IF YOU PURCHASE A POLICY THROUGH OREGON’S HEALTH INSURANCE EXCHANGE, COVER OREGON, YOU MAY BE ELIGIBLE FOR A SUBSIDY AND/OR TAX CREDITS BASED ON YOUR INCOME. CONTACT COVER OREGON AT 1-855-COVEROR (1-855- 268-3767) OR YOUR INSURANCE AGENT FOR MORE INFORMATION.

The decision to exit the medical care marketplace was not an easy one but the evolving market conditions in the health insurance industry under Health Care Reform laws and regulations which are named Patient Protection and Affordable Care Act (PPACA) prevent us from continuing to offer competitive medical insurance for association plans such as yours.

I will be providing greater detail as well as a draft of our first communication to insureds shortly. Until then, please do not hesitate to contact me if you have any questions regarding the actions described in this letter.

Very truly yours,

[Address]

Re: Non-Renewal of Association Medical Care Insurance Coverage

Dear []:

In accordance with applicable state and federal law, we are writing to inform you that New York Life Insurance Company (“New York Life” or “we”) is exiting the association medical care insurance market in all states as of January 1, 2014. This means that the medical care insurance coverage you and any of your insured dependents currently have under Group Policy Number [] issued to [] will terminate at midnight on 12/31/2013. The decision to exit this market was not an easy one. The determination was made based on the evolving market conditions and regulatory requirements stemming from the Patient Protection and Affordable Care Act (“PPACA”).

{This decision impacts your medical care coverage only. Any life, disability, hospital indemnity or other non-medical coverage you may have through [] will remain unaffected by this decision.}

We understand the significance of this change and we have taken steps to assist you in the process of replacing your coverage. Under the terms of PPACA, effective 1/1/2014 individuals will be able to purchase medical care insurance without regard to their health status and without any preexisting conditions or impairment limitations. Depending upon your state of residence you may purchase coverage either through your state insurance exchange or on the federal insurance exchange (or both) effective on or after 1/1/2014. Please go to www.ABCD.com for information on who you can contact about these exchanges, and for information about the major health care insurers in your state. You can also call XXX XXX-XXXX for this information. We urge you to contact the provider of your choice as soon as possible to review the options available to you. In addition you should go to www.healthcare.gov for additional information on the insurance plans that will be available to you and on how the insurance exchanges will work.

2014 OPEN ENROLLMENT WILL BEGIN ON OCTOBER 1, 2013 AND END ON MARCH 31, 2014. IF YOU PURCHASE A POLICY THROUGH OREGON’S HEALTH INSURANCE EXCHANGE, COVER OREGON, YOU MAY BE ELIGIBLE FOR A SUBSIDY AND/OR TAX CREDITS BASED ON YOUR INCOME. CONTACT COVER OREGON AT 1-855-COVEROR (1-855- 268-3767) OR YOUR INSURANCE AGENT FOR MORE INFORMATION.

In addition to exploring the coverage options that may be available to you through an exchange or an alternate carrier, insureds who are, or who will become, Medicare-eligible on or before 1/1/2014 should contact 1-800-MEDICARE for information about Medicare, Medicare Supplemental coverage, Medicare Advantage type programs, and Medicare Part D. The Medicare website provides that the open enrollment period for Medicare Advantage type programs and Medicare D is October 15, 2013 to December 7, 2013. It states that individuals who didn't sign up for Medicare Part A and/or Part B when they were first eligible, can sign up during the General Enrollment Period between January 1 - March 31 each year. Coverage will start July 1, and individuals may have to pay a higher premium for late enrollment. Insureds age

65 and over will be receiving a notice in early October indicating whether their current prescription drug coverage is credible for Medicare Part D purposes.

We also urge you to log onto www.Medicare.gov for detailed information about options that are available to you, and you can get personalized health insurance counseling at no cost to you from your local State Health Insurance Assistance Program (SHIP). **Please note that failure to enroll on a timely basis for Medicare Parts B and D may result in penalties that could take the form of permanently increasing the cost to you for these coverages.**

Please be assured that any life, disability income, hospital indemnity or other non-medical coverage you have through {XXX} will not be affected by this change. Further, your current medical care insurance will continue throughout 2013, provided the applicable premium is paid in a timely manner.

We are committed to providing you with the information and resources you may need to find replacement coverage on a timely basis to avoid gaps in coverage for you or your family.

We will be sending you regular communications over the coming months with reminders and information to assist you in finding a new medical plan that meets your needs. Meanwhile, please do not hesitate to contact {YYY}, your plan administrator, at {XXX-XXX-XXXX} with any questions or concerns.

Sincerely,