

TO: State Regulators
FROM: Senior Issues (B) Task Force
Re: 2025 Survey of Medicare Supplement New or Innovative Benefits Chart
Date: 7/29/25

The NAIC Medicare Supplement Model Regulation (#651) and the NAIC Medicare Supplement Compliance Manual call upon the Senior Issues (B) Task Force to maintain a record of state-approved Medicare Supplement “new or innovative benefits” for use by regulators and others. (Background references are included below.) It is intended that the states regularly report this information to the Task Force, and that this record be updated periodically and posted on the Task Force’s web page to be available to regulators and interested parties.

Below is the information submitted by states reflecting Medicare Supplement “new or innovative benefits” approved and denied as of July 29, 2025. This chart will be posted on the Senior Issues (B) Task Force’s webpage: https://content.naic.org/cmte_b_senior_issues.htm under the Documents tab. If you have any questions, please do not hesitate to contact David at dtorian@naic.org. Thank you for helping to keep this information updated.

Background references:

Section 9.1F of Model Regulation to Implement the NAIC Medicare Supplement Insurance Minimum Standards Model Act (#651):

F. New or Innovative Benefits: An issuer may, with the prior approval of the commissioner], offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to Medicare supplement insurance, are new or innovative, are not otherwise available, and are cost-effective. Approval of new or innovative benefits must not adversely impact the goal of Medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.

Drafting Note: Recognizing the challenge in maintaining standardization while ensuring availability of new or innovative benefits, the drafters have included additional guidance to states in the NAIC Medicare Supplement Insurance Model Regulation Compliance Manual. This guidance includes a recommendation that states consider making publicly available all approved new or innovative benefits, and requests states to report the approval of all new or innovative benefits to the NAIC Senior Issues Task Force, who will maintain a record of these benefits for use by regulators and others. The Senior Issues Task Force will periodically review state approved benefits and consider whether to recommend that they be made part of standard benefit plan designs in this regulation.

Section II of Medicare Supplement Insurance Model Regulations Compliance Manual:

Recognizing the challenge in maintaining standardization while ensuring availability of new or innovative benefits, the drafters have included additional guidance to states in the NAIC Medicare Supplement Insurance Model Regulation Compliance Manual. This guidance includes a recommendation that states consider making publicly available all approved new or innovative benefits, and requests states to report the approval of all new or innovative benefits to the NAIC Senior Issues Task Force, who will maintain a record of these benefits for use by regulators and others. The Senior Issues Task Force will periodically review state approved benefits and consider whether to recommend that they be made part of standard benefit plan designs in this regulation.

Date: 7/29/25

Survey Questions:

Please list name of your state: _____

Please provide a contact for your state (name, number, email): _____

1. Please review the chart below in this document. These are the new or innovative benefits that were reported by states in 2021. Question: Have you approved any additional new or innovative benefits in your state? If so, please provide the information for each column of the chart. (include: date of approval, company name, summary of benefit, plan it applies to, state contact). Please also provide any corrections or updates needed to the information on the chart.

Hawaii: reported telehealth and 24-hour nurse-advice lines as innovative benefits in the past for UHC. Such benefits appear standard in many other carriers' plans. Hawaii allows non-insurance benefits that promote health and wellness so long as participation is optional/voluntary. To the extent that NAIC considers such non-insurance benefits to be innovative, several examples are listed in the approved chart below

2. Question: Have you denied any new or innovative benefit filings since the chart below was reported? If so, what was the benefit, and what was your reason for denying it? Please include date of disapproval, company name, and applicable plan. (i.e., the benefit sought to change or reduce benefits; the benefit sought to change cost-sharing; the benefit would have been inconsistent with standardization; etc.)

3. Question: Are there new or innovative benefits that have been approved in your state that you believe should be considered as part of the standard Medigap benefit plan design?

As Reported to the NAIC as of 7/29/25

State-reported APPROVED Medigap new or innovative benefits:

State Reporting	Company, approval date	Date Reported to NAIC	Summary of APPROVED New or Innovative Benefit(s)	Applies to Plan(s):	State Contact for More Information:
Arkansas	Arkansas Blue Cross and Blue Shield, 9/15/22	7/7/2025	Meal benefit of up to 14 meals (two meals per day for seven days) shipped by insurer to insured's house upon discharge of insured from covered hospital stay	Plan G	Stephanie Fowler, 501-366-0263, stephanie.fowler@arkansas.gov
Delaware	Highmark BCBS Delaware, 6/16/2025	7/1/2025	Whole Health Benefit Program (SilverSneakers), Vision & Dental	Plans A, B, C, D, F, HdF, G	Jessica Luff, 302-674-6293 Jessica.Luff@delaware.gov
Delaware	Medico Insurance Company, 3/22/2024	7/1/2025	Dental Rider	Plans A, F, HdF, HdG, N	Jessica Luff, 302-674-6293 Jessica.Luff@delaware.gov
Hawaii	UnitedHealthCare	7/7/2019	Optional and no charge - Dental, vision, and hearing discounts; Silver Sneaker basic, brain health info, nurse advice line and driver safety course at no charge.	All	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov
Hawaii	Loyal American	7/7/2025	Optional and no charge - Weight mgmt, vision, hearing, chiro and acupuncture discounts. Nurse advice line and wellness programs at no charge.	All	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov
Hawaii	Mutual of Omaha	7/7/2025	Optional and no charge - Vision and hospital discount; nurse advice line; chiro & massage therapy, nutritional, and personal trainer discounts via app.	All	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov

State Reporting	Company, approval date	Date Reported to NAIC	Summary of APPROVED New or Innovative Benefit(s)	Applies to Plan(s):	State Contact for More Information:
Hawaii	Mutual of Omaha	7/7/2025	Optional and membership fee is charged - Virtual and in-person gym access; Hearing care discount program.	All	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov
Hawaii	Humana	7/7/2025	Optional and no charge - Vision, Rx, hearing and medical alert discounts. Silver Sneakers basic membership, nurse advice line at no charge.	All Plans	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov
Hawaii	USAA	7/7/2025	Access by referral to purchase vision (VSP) and dental (Cigna) insurance at reduced rates for USAA insureds. This insurance is not part of the Medigap plan.	All	Kathleen Nakasone 808-586-2809 knakasone@dcca.hawaii.gov
Ohio	Physicians Select Insurance Company, 4/12/2024	6/17/2025	Optional rider that amends a Standard Plan G policy to include a high deductible for the first three calendar years. During this deductible period, the policy conforms to a High Deductible Plan G policy. After this deductible period, the policy conforms to a Standard Plan G policy. Additionally, both before and after the deductible period, the rider provides benefits for preventive health care. During the deductible period, these additional benefits are not subject to the high deductible. The rider provides for a premium discount, both before and after the deductible period. The policyholder may terminate the rider prior to the end of the deductible period. If the rider is terminated, the policyholder will pay the Standard Plan G rate and receive standard Plan G benefits.	Plan G	Christina Reeg Christina.Reeg@insurance.ohio.gov 614-644-3464

State Reporting	Company, approval date	Date Reported to NAIC	Summary of APPROVED New or Innovative Benefit(s)	Applies to Plan(s):	State Contact for More Information:
New Mexico	Health Care Service Corporation, a Mutual Legal Reserve Company (BCBSNM), 9/26/2022	7/7/2025	Plan G Plus - vision and dental care, hearing exam, Silver Sneakers	Plan G	Brittany ODell, 505-309-2827, Brittany.odell@osi.nm.gov
Virginia	Physicians Select Insurance Company, 2/13/2025	7/2/2025	The Plan G Deductible Discount Rider amends the benefits of Standard Plan G to include a high deductible for the first three calendar years. On and after the high deductible elimination date, the benefits become standard Plan G benefits. The rider provides a premium discount for as long as the rider is enforce both before and after the high deductible elimination date	Plan G	Elsie Andy 804-371-9072 elsie.andy@scc.virginia.gov
Wisconsin	Physicians Select Insurance Company (17414) Approved on 10/2023	7/1/2025	The discount riders amend the benefits of standard Base Plan to include a high deductible for the first three calendar years. On and after the high-deductible elimination date, the benefits become standard Base Plan benefits. The premium is always based on the stand Base Plan except that the policyholder has a 20% discount provided by the rider. The premium does not increase due to the removal of the high deductible at the end of the deductible period. The insured may terminate this rider during the deductible period to remove the high Deductible and increase to full standard Base Plan benefits with the understanding	Waived State	Mary Kay Rodriguez, 608-266-7465, marykay.rodriguez@wisconsin.gov

State Reporting	Company, approval date	Date Reported to NAIC	Summary of APPROVED New or Innovative Benefit(s)	Applies to Plan(s):	State Contact for More Information:
			his or her premium increases to full Base Plan premium.		

State-reported DISAPPROVALS of Medigap New or Innovative Medigap Benefits as of July 29, 2025:

State Reporting	Summary of benefit, date of DISAPPROVAL	Date Reported to NAIC	Reason for DISAPPROVAL	State Contact for More Information
Missouri	Missouri received a filing seeking approval of Plans A, F, HF, G, HG, and N which also included an optional rider to add dental benefits. Disapproval date: 5/30/2025	6/18/2025	The company ultimately withdrew their filing from further review based on objections citing 20 CSR 400-3.650(9)(F); “New or Innovative Benefits. An issuer may, with the prior approval of the director, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to Medicare supplement insurance, are new or innovative, are not otherwise available, and are cost-effective. Approval of new or innovative benefits must not adversely impact the goal of Medicare supplement simplification. New or innovative	Camille Anderson-Weddle 573-522-3311 camille.anderson-weddle@insurance.mo.gov

State Reporting	Summary of benefit, date of DISAPPROVAL	Date Reported to NAIC	Reason for DISAPPROVAL	State Contact for More Information
			benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.”	
North Dakota	Ad Material for Cigna Health and Life Insurance Company filed 1-4-2024 CCGH-133940826. Disapproval date: April 2024	6/20/2025	The ad included offer \$100 premium discount if the policyholder used a network hospital. This may be acceptable as a Value Added Service, outside of the Medicare Supplement contract and if terminology changed from \$100 discount to \$100 premium credit. Offer was removed from the ad and the filing was closed.	<u>Chrystal Bartuska</u> 701-328-2441 cabartuska@nd.gov
Texas	Optional dental benefit rider on February 26, 2024, from Medico Insurance Company	7/7/2025	Rejected (MDIC-133982264) for the following reason: “An issuer shall not file for approval more than one form of each type other than as allowed under 28 TAC §3.3322(d)(1)-(4). For the policy form to be considered as an innovative benefit under 28 TAC §3.3322(d)(1), the dental benefit must be incorporated into the policy form as a benefit and not as an optional rider.” The issuer did not refile as instructed.	Essi Eargle, 512-676-6635, Essi.Eargle@tdi.texas.gov ; Sheila Oyola Gomez, 512-676-6658, Sheila.Oyola@tdi.texas.gov

States reporting NO approvals and NO disapprovals, as of July 29, 2025:

Alabama (reported to NAIC July 9, 2025) – contact Dusty Smith 334-241-4103 Willard.smith@insurance.alabama.gov
Alaska (reported to NAIC June 27, 2025) – contact Sarah Bailey 907-465-4608 Sarah.Bailey@Alaska.gov
Arizona (reported to NAIC June 30, 2025) – contact Sterling Gavette 602-364-3458 Sterling.Gavette@difi.az.gov
Colorado (reported to NAIC June 18, 2025) – contact Mwansa Koranteng 303-894-3034 Mwansa.koranteng@state.co.us
Connecticut (reported to NAIC June 17, 2025) – contact Alex Borkowski 860-297-3864 alexander.borkowski@ct.gov
District of Columbia (reported to NAIC July 7, 2025) – contact Howard M. Liebers 202-442-8571 howard.liebers@dc.gov

Georgia (reported to NAIC June 18, 2025) - Thomas F. Carswell 404-657-4193 tcarswell@oci.ga.gov
Idaho (reported to NAIC June 17, 2025) – contact Shannon Hohl 208-334-4315 shannon.hohl@doi.idaho.gov
Iowa (reported to NAIC July 7, 2025) – contact Andria Seip 515-654-6575 andria.seip@iid.iowa.gov
Kansas (reported to NAIC June 30, 2025) – contact Josh Carlson 785-296-3405 josh.carlson@ks.gov
Kentucky (reported to NAIC June 17, 2025) – contact Stephanie McGaughey-Bowker 502-564-6088 stephanie.bowker@ky.gov
Louisiana (reported to NAIC June 17, 2025) – contact Jerri McClendon 225-219-9526 jerri.mcclendon@ldi.la.gov
Maine (reported to NAIC June 18, 2025) – contact Sherry Worth 207-624-8476 sherry.worth@maine.gov
Massachusetts (reported to NAIC June 24, 2025) – contact Niels Puetthoff 617-521-7326 Niels.puetthoff@mass.gov
Michigan (reported to NAIC July 8, 2025) – contact Renee Campbell 877-999-6442 Campbellr2@michigan.gov or Stephanie Francis FrancisS2@michigan.gov
Minnesota (reported to NAIC July 8, 2025) – contact Candace Gergen 651-539-1533 Candace.Gergen@state.mn.us
Nevada (reported to NAIC July 2, 2025) – contact Jack Childress 775-687-0731 jchildress@doi.nv.gov
New York (reported to NAIC July 8, 2025) – contact Martin Wojcik 518-474-3397 Martin.Wojcik@dfs.ny.gov
Oklahoma (reported to NAIC June 17, 2025) – contact Lien Skaggs 405-522-4610 Lien.Skaggs@oid.ok.gov
Utah (reported to NAIC June 19, 2025) – contact Ryan Jubber 801-205-7255 ryansjubber@gmail.com
Vermont (reported to NAIC July 8, 2025) – contact Anna Van Fleet 802-828-4843 Anna.VanFleet@vermont.gov

Recent State Actions on Medicare Supplement (Medigap), as of January 1, 2024

Delaware: The DE House and Senate passed a measure, SB 71, on June 12, 2025 to create a special open enrollment (SEP) window for persons already enrolled in a Medigap to switch to another plan that provides the same or lesser benefits, allowing Enrollees to find a plan that better fits their financial circumstances. It allows those on Medicare Advantage (MA) plans to switch back to Medigap coverage but does include a pre-existing condition limitation. The SEP window begins 30 days before an eligible person’s birthday and remains open for 30 days following their birthday. The measure goes into effect on January 1, 2026. The measure awaits the governor’s signature

Indiana: Signed into law April 10, 2025; effective January 1, 2026. Allows Medigap enrollees to switch to another insurer's version of the same plan during a 60-day window around their birthday, without medical underwriting

Kentucky: Effective January 1, 2024. Provides for an annual GI (SEP) referred to as the Birthday Rule as well as a 6-month open enrollment period for individuals first qualifying for Medicare Part B under age 65. The new annual GI is based on replacement. The rule requires companies to provide GI to an applicant who applies for the same Plan they are currently enrolled in with a different insurer when the application is submitted within 60 days, beginning on their birthday. This is a Plan for Plan replacement (i.e. Plan G to Plan G). The law does not address individuals who may still be enrolled in discontinued plans, E, H, I and J

Minnesota: Beginning in August 2026, individuals between ages 65 and 70 will be allowed guaranteed issue for Medicare Supplement plans during an annual open enrollment period but will be subject an additional premium penalty that will remain for the lifetime of the policy. The penalty will start at 15% in 2026 and move up by increments of 5% until it reaches 35% in 2030, after which it will remain at 35% in future years. Note that an individual who takes advantage of this new legislation early will be subject to lower penalties for the lifetime of their policy. Once the penalty is set, it will not increase with age but increase for those who take advantage of the open enrollment period at a later date. The premium penalty will not apply for those who enroll during their initial enrollment period, or during a special enrollment period

Nebraska: Effective January 1, 2025. Allows individuals under 65 who have Medicare due to ESRD are now able to purchase at least one Medigap plan, specifically Plan A

Rhode Island: The RI legislature passed and the governor signed into law, 5494 Sub A, which establishes a guaranteed-issue 6-month open enrollment period for individuals under-age 65 enrolled in a Medigap plan who wish to switch to a different plan upon turning age 65, eliminate any confusion for under-age 65 individuals already covered by a Medigap plan whether they are eligible for this open enrollment period, which allows them to switch to a different Medigap plan without medical underwriting, and provides guaranteed issue rights allowing enrollees to switch either to a different Medigap plan, or from Medicare Advantage to a Medigap plan. The bill was signed into law by the governor on July 2, 2025

Utah: Effective May 7, 2025. An issuer shall offer an annual election period for each Medigap insured that begins on the insured's birthday and ends 60 days later. During the annual election period, an issuer shall offer the Medigap insured all standardized plans currently offered that are considered equal to or less than the enrollee's current Medigap plan benefits (excluding any innovative benefits), without medical underwriting. The Commissioner has expanded rule-making authority to implement the new annual election period process

Virginia: Effective July 1, 2025, Virginia law requires Medigap insurers to offer a 60-day annual open enrollment period starting on an enrollee's birthday. During this time, the enrollee may switch to any Medigap policy with the same benefits offered by any insurer in Virginia, regardless of health status. This rule applies to Medigap policies or certificates issued in Virginia on an individual basis, including those issued through a non-employer group trust, plan, or association. Under this law, during this annual open enrollment period, carriers must not discriminate in the price of coverage based on health status. Virginia law also requires that Medigap carriers offer at least one of its issued Medigap policies or certificates to residents under 65, who are eligible for Medicare by reason of disability and enrolled in Parts A and B. The birthday rule is applicable to these persons as well.

Wyoming: Effective June 4, 2025, WY amended Chapter 35 of WY Regulations (Medicare Supplement) instituting the "Birthday Rule." This allows beneficiaries to change plans for period starting with their birthday and ending 63 days after. They can choose a plan that has similar or less benefits without medical underwriting