

NEBRASKA DEPARTMENT OF INSURANCE

Nebraska Department of Insurance Roadshow 2024

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TODAY'S PRESENTATION

- Notes from the NDOI and Insurance Industry
- ACA/Health Insurance Enrollment Information
- External Review – YOU NEED TO KNOW THIS
- Health Insurance – Hot Topics
- Improper Marketing in Health Insurance
- Medicare Advice from the Expert
- Advice from your Insurance Experts

DEPARTMENT OF INSURANCE FUNCTIONS

- General supervision, control, and regulation of insurance in Nebraska § 44-101.01

**Agent
Licensing**

**Company
Licensing**

**Rate and
Form
Review**

**SHIP
&
SMP**

**Market
Conduct
Exams**

**Financial
Solvency**

**Insurance
Complaints**

**Fraud
Prevention
and
Investigation**

INSURANCE IS IMPORTANT IN NEBRASKA

- Nebraska's Domestic Insurance Market:
 - **1 in Surplus (\$339,866,464,516)**
 - **3 in Assets (\$873,367,729,891)**
 - **5 in Premiums (\$53,922,736,110)**
- In Nebraska, we have **2nd highest** insurance job concentration for any state and one of the most renowned actuarial program.



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Insurance Agents Updates

- 2024 Producer Requirements
 - CMS recently issued a FAQ that provides guidance for producers who place business in the marketplace
 - Documentation is critical and mandatory regarding consent of the potential insured
 - Examples include written signature, audio recording, electronic agreement
 - CMS has produced a model consent form
 - [The FAQ can be found here: FAQ Regarding Enhanced Direct Enrollment Audit Submissions for 2024](#)

Snapshot of 2023 Insurance Fraud in Nebraska

- Types of Insurance Fraud
 - Property/Casualty Ins. = 788 cases and \$8,830,265.38 reported losses
 - Life/Health Ins. = 153 cases and \$5,100,225.66 reported losses
 - Agent or Internal Fraud = 33 cases and \$29,436.55 reported losses
 - In total = 980 cases = **\$13,963,927.59**
- Counties
 - Cases were found in 57 out of 93 Nebraska Counties
 - **759 Cases (77%) were in Douglas, Lancaster, and Sarpy Counties**
- The aftermath
 - Prosecution = **20 cases**
 - Convictions = **34 suspects**
 - Restitution = **17 cases and \$106,920.55**

ACA AND OTHER HEALTH INSURANCE INFORMATION

NEBRASKA HEALTH INSURANCE MARKET DISTRIBUTION 2016 to 2021

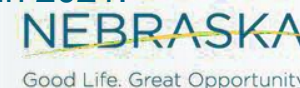
	2016	2017	2018	2019	2021
Direct-purchase (individual)	8.6%	7.9%	7.3%	6.9%	6.7%
Employment-based	55.0%	55.6%	55.2%	56.8%	55.3%
Medicaid/CHIP	12.8%	12.5%	13.3%	12.6%	10.1%
Medicare	12.9%	13.4%	14.0%	14.2%	10.1%
Military health care	1.7%	2.0%	1.8%	1.6%	1.8%
Uninsured	8.9%	8.6%	8.5%	7.9%	7.0%

2021 is the most recent year available for state-specific market percentages in this table and there is no data available for 2020.

Of the remaining uninsured in 2021, 43% were eligible for Medicaid, 33% were eligible for premium subsidies to enroll in the ACA individual market, and 10% were ineligible for ACA individual market premium assistance due to available employer coverage.

Percentage of employment-based plan enrollees that are in a self-insured plan in 2021:

- 73% overall
- 20% of the small group market (less than 50 employees)
- 81% of the large group market (50 or more employees)



ACA Individual Market

ACA Individual Market		
Coverage for 2024		
	Membership	
Carrier	2023	2024
Nebraska Total Care/Ambetter	40,762	63,895
BlueCross BlueShield	17,924	17,534
Medica	37,512	35,573
Oscar	565	891
Total	96,763	117,893

***Current enrollment through March 1, 2024**

ACA Individual Market

ACA Individual Market		
Coverage for 2024		
Carrier	Membership	
	June 2023	Projected 2024
Nebraska Total Care/Ambetter	40,762	40,450
BlueCross BlueShield	17,924	22,000
Medica	37,512	37,515
Oscar	565	1,388
Total	96,763	101,353

***Current enrollment through December 23, 2023, is 112,983**

SHOPPING FOR HEALTH INSURANCE ACA AND OTHER OPTIONS

- Identify your current health care needs and keep these in mind as you compare health insurance policies.
 - Doctors
 - Services
 - Prescription drugs
 - Excluded services or waiting periods for pre-existing conditions (if non-ACA plan)
- Compare the costs, including:
 - Premiums
 - Copays
 - Deductibles
 - Maximum out-of-pocket
 - Annual or lifetime limits (if non-ACA plan)

Health Insurance Marketplace Subsidies

- **Advance Premium Tax Credit (APTC)** – Works to reduce Policyholder's monthly payments for insurance coverage.
- **Cost Sharing Reduction (CSR)** – Designed to minimize Policyholder's out-of-pocket costs when they go to the doctor or have a hospital stay.
 - Only available for people who earn between 138%-250% FPL purchasing a Silver Plan
 - Copays, Deductibles, Coinsurance, Out of Pocket Max

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Advance Premium Tax Credit (APTC)

- **Cost of 2nd Lowest Silver Plan**
 - Based on Rating Area, Family Size and Ages of family members
 - All ACA Plan premium rates are submitted to and approved by the NE DOI
- **Monthly Contribution**
 - Based on Household Income, Family Size and Ages of family members
 - Household Income: <https://www.healthcare.gov/income-calculator/>
- **APTC**
 - $APTC = \text{Cost of 2nd Lowest Silver Plan} - \text{Monthly Contribution}$
 - This amount remains the same, regardless of Plan chosen by Policyholder

Advance Premium Tax Credit (APTC)

- **APTC Subsidy Calculator**

- **Link:** <https://www.kff.org/interactive/subsidy-calculator/>

- Note: This link currently uses 2023 Premiums and will be updated with 2024 Premiums in late October 2023.

- **Enter Information about your Household**

- Household Income
- Family Size
- Ages of Adults and Children enrolling in Marketplace
- Click SUBMIT

- **Results:**

- ***“Estimated Financial help” – this is your APTC***
- **“Your Cost for a Silver Plan”** – this is the Premium IF you choose the 2nd Lowest Silver Plan.
- **“The most you have to pay for a Silver Plan”**– this is the % applied to your income to calculate Monthly Contribution
- **“Without financial help, your plan would cost”** – this is the Premium for the 2nd Lowest Silver Plan

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Monthly Premium Example

- John is Age 45, Single, lives in Douglas County and makes \$36,450 / year
- John's 2nd Lowest Silver Premium = \$774.82
- John's Monthly Contribution = \$121.50 (or $\$36,450 * 2\% / 12$)
- John's APTC = \$653.32 (or $\$774.82 - \121.50)
- ***John's APTC remains FIXED, and he can choose any Plan***

Selected Plan	Plan Premium	APTC	Final Premium
Plan A	\$500	\$653.32	\$0
Plan B	\$653.32	\$653.32	\$0
Plan C	\$1000	\$653.32	\$397.02

“FPL Cut-Off” 2024 Benchmark

- The highest income where an individual would still receive an APTC
- Anyone earning more would not receive assistance

	Age 25 Income Cut-Off	Age 45 Income Cut-Off	Age 64 Income Cut-Off
Rating Area 1	\$60,830.12	\$87,488.47	\$181,760.47
Rating Area 2	\$60,460.24	\$86,956.24	\$180,656.47
Rating Area 3	\$65,068.24	\$93,584.47	\$194,426.82
Rating Area 4	\$76,054.59	\$109,386.35	\$227,254.59

AMERICAN RESCUE PLAN ACT AND INFLATION REDUCTION ACT CHANGES TO APTC

- Beginning April 1, 2021 and continuing for all of 2022, the American Rescue Plan Act (ARPA) gave people increased APTC.
 - As a result of the federal government paying more of the premium and the insured paying less, over a third of the people with individual market coverage paid \$10 or less per month for most of 2021 and all of 2022.
 - People earning more than 400% FPL no longer faced the “subsidy cliff.”
 - Instead, anyone who would have to pay more than 8.5% of their income for health insurance could qualify for subsidies, no matter what percentage of FPL.
- In 2022, the Inflation Reduction Act extended the ARPA changes to APTC for another three years.
 - For all of 2023, 2024, and 2025, the new APTC numbers will be in effect.

Medicaid

Medicaid Unwinding

- In December 2022, federal legislation was enacted that decouples the continuous coverage requirement from the end of the COVID-19 PHE.
- On March 1, 2023, Nebraska Medicaid began the “unwind” of the continuous coverage requirement to redetermine eligibility.
- Member FAQ, Fact Sheet, Rack Cards and Flyers, which can be found on the DHHS website at: <https://dhhs.ne.gov/Pages/Medicaid-MOE.aspx>
- Medicaid members can update their information by going online at: <https://ddhs.ne.gov/Pages/Medicaid-MOE.aspx>
- Medicaid members can update or check their information by going online at www.ACCESSNebraska.ne.gov, email dhhs.andicenter@nebraska.gov, fax at (402) 742-2351 or call toll-free at (855) 632-7633

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External Review – YOU NEED TO KNOW THIS EXISTS

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Patients Have Notice of Their Rights

- Coverage documents carefully spell out the process for internal appeals and external appeals.
- EOBs also include appeal information.
- If you have a denied claim by law, the claim denials must provide:
 - **The reason for the denial**
 - **The process to appeal**
 - **Expedited review as an option if conditions are met (for both internal appeal and external review)**
- If the insurer continues to deny the claim after an internal appeal, notice is required. By law, that notice must include:
 - **The right to request more explanation**
 - **The right to an independent review**
 - **The right to expedited review if conditions are met**
 - **The deadline to request an external review**
 - **External review request forms and where to submit them**
- Public information is also available on the NDOI website

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External Review Basics

- External review is only available after an internal appeal to give the insurer a chance to correct a mistake or change its mind.
- An Independent Review Organization is a third-party medical review resource which provides objective, unbiased medical determinations that support effective decision making, based only on medical evidence by a specialist in the area of the denied service or claim.
- **You can appoint your doctor as an authorized representative to help advocate about details of the medical service or treatment**
- Denial reasons include:
 - **The requested service or treatment is “not medically necessary”**
 - **The requested service or treatment is an “experimental” or “investigative” treatment**
- **This process is paid for by your Insurer**

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Balanced Program

- External Review Statistics
 - Since 2014: **786 cases have been overturned**
 - In the past 5 years:
 - Number of external review remain consistent
 - **Nebraska averages about 250 cases every year**
 - (Eligible) Cases overturned: **47%**
 - Ineligible Cases: **23%**

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More Information Online and External Review Portal

- Nebraska Department of Insurance web page for health insurance appeals and external reviews: <https://doi.Nebraska.gov/appealing-denied-health-claims>
 - Includes explanations of each step of an appeal and resources
- Secure portal for online external reviews is linked on this page
- Portal features:
 - All users have verified credentials to keep information safe
 - External review paperwork is all completed online
 - Healthcare providers can complete paperwork and contribute additional information through the portal
 - Insurers provide information on the internal appeal in the portal
 - Independent Review Organizations issue their decisions through the portal to all participants' email

Health Insurance: Hot Topics

SURPRISE BALANCE BILLS

- Balance bills sometimes occur.
 - 1 in 5 emergency claims.
 - 1 in 6 in-network hospitalizations.
- Insured patients are left to pay hundreds or thousands of dollars for care at an in-network facility because an out-of-network provider was involved in the episode of care.
- In the past two years, state and federal laws have been passed to address surprise balance bills.

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NO SURPRISES ACT

- **Federal No Surprises Act (signed in the closing days of 2020)**
 - <https://www.cms.gov/nosurprises>
 - Allows state balance billing laws to remain in place but fills in gaps where the federal law goes further.
 - Emergency is defined to last longer into a hospital stay past stabilization.
 - Reimbursement amounts are negotiated using informal dispute resolution (IDR), each party submits a best final offer, the IDR determines which is most reasonable.
 - The plan's median in-network rate can be considered, but the billed charge and Medicare rates cannot be considered.
 - Non-emergency services provided by an out-of-network provider at an in-network facility are covered, but a patient can waive protection and agree to balance billing if they wish to use a particular provider.
 - Enforcement will be a joint effort between the state and federal governments.

NO SURPRISES ACT – WHAT PATIENTS NEED TO KNOW

- The law applies to individual and group major medical insurance, and also applies to self-insured employer plans.
- For emergency services, surprise bills are banned, even if you go to an out-of-network facility.
 - For emergency services, all you will be charged is your plan's in-network cost sharing (copay, coinsurance, deductible) even if you go to an out-of-network facility.
- For non-emergency services at an in-network facility, surprise bills are banned for certain additional services.
 - Examples: anesthesiology, radiology, and labs.
- Healthcare providers are required to give you an easy-to-understand notice explaining the applicable billing protections, who to contact if you have concerns that a provider or facility has violated the protections, and that patient consent is required to waive billing protections.
- Non-emergency services at an out-of-network facility can still be balance billed.

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BROKER COMMISSION DISCLOSURES AND THE NO SURPRISES ACT

- The No Surprises Act requires disclosure of the amount of compensation paid to brokers.
 - Includes short-term limited-duration insurance, ACA major medical, and self-insured employer health plans.
 - Requires disclosure of direct and indirect compensation.
 - Applies to brokers earning over \$1,000 annually.
- Plans must report information on broker compensation annually.
- “Good faith compliance” based on the proposed rule until a final rule is issued.

IMPROPER MARKETING OF HEALTH INSURANCE

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Agent Switching on Healthcare.Gov

- There are nationwide reports of “agent switching” where a producer has placed business on the marketplace and their client is suddenly, and usually unbeknownst to the original producer, “switched” to a new producer.
- In some instances, the client does not know this occurred, potentially causing issues with original plan selection and deductibles, cost-sharing and premiums.
- In other instances, the client may have went on the internet to “shop” and received numerous calls followed by potentially “high pressure tactics” to buy a new plan.
- The NAIC is addressing this issue with the federal government.

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Telemarketers and Internet Advertising

- Internet misrepresentations usually start with a customer searching for health insurance online.
 - Pop-up internet ads or posts on social media are two common methods used to reach people.
- Once the customer contact has been established, internet chats or phone calls are where the misrepresentations get made.
- Sometimes just the fact that a person searched for ACA individual market plans and this website came up as a result can be misleading.
 - Example: “healthcare.com” instead of “healthcare.gov”
- Lead generators may collect information about people looking to purchase health insurance, then sell those contacts to agents.
- **BE CAUTIOUS WITH YOUR PERSONAL INFORMATION**

Examples



BIDEN CARE

GET QUOTES FROM TOP PROVIDERS IN MINUTES

[SELECT A PLAN](#)

Browse insurance plans and save.
We work with America's top insurance carriers who can help you compare coverage rates and provide you with information about their policies.

- ★ Receive Free Quotes
- ★ Compare Top Companies
- ★ Save Time & Money

[FIND YOUR PLAN](#)

See site for details and disclosures. Quotes provided by licensed agents.
To unsubscribe, [click here](#) or write to: HealthExchangeUSA 378 Diederich Blvd #153 Ashland, KY 41101



TRUMP HEALTHCARE?

[View Plans](#)

Martin,

View updated Health Insurance plans available in NE.

Compare Trumpcare plans from the top insurance companies. Huge savings on healthcare costs may be available.

[View Plans →](#)

Examples (more)

12:54 5G UC 92%

Business Owner Health
Sponsored ·

JUST PASSED!!! Health Insurance designed for business owners (No copays or deduct... See more

BlueCross BlueShield	
Subscriber Name: JOHN DOE	
Subscriber ID: YPP123456789	
Members: JANE SAM	
00	Group No: 123456789
	Rxbin: 015825
	Effective Date: 01/01/22
Member Responsibility:	
01	DOP-INNOON \$2,800/\$14,000
02	DOP Max-INNOON \$8,700/No Max
	Specialist-INN \$15
	URG CARER-INN \$150
	Drug Tier 1 \$150
	Drug Tier 2-6 \$150
	Rx Deductible \$150

FORM ON FACEBOOK
Pay Less For Health Insurance 👉 [Learn more](#)

145 24 comments

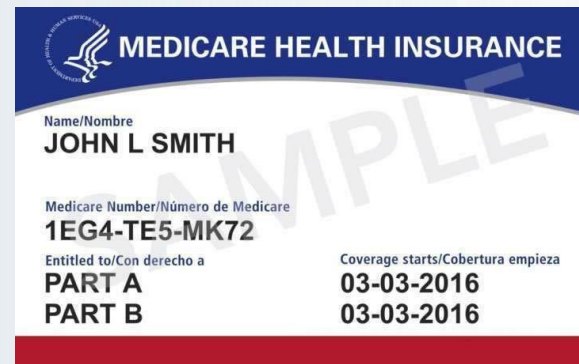
Like Comment Send

Jackie Phillips
Well leaves out plenty it does say employers not employees.

MEDICARE

What is Medicare?

- Federal Health Insurance created in 1965
- Must meet one to qualify:
 - 65 or Over
 - Qualifying Disability
 - End-Stage Renal Disease (ESRD)



What is Medicare?

- Original Medicare

- Medicare Advantage



OR



Part A – Hospital Insurance

- Pays for:
 - Inpatient Hospital Care
 - Skilled Nursing Facility Care
 - Home Healthcare
 - Hospice
- Premium free for most



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Part B – Medical Insurance

- Pays for medically necessary outpatient services:
 - Medical Expenses
 - Lab and Diagnostic Testing
 - Outpatient Hospital Treatment
 - Durable Medical Equipment
- \$174.70 monthly standard premium
 - Higher wage earners pay more
 - IRMAA
 - Imposed on income greater than:
 - \$1,715/monthly for an individual
 - \$2,320/monthly for a couple



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Part D – Drug Insurance

- Brand Name & Generic Prescriptions
 - 21 plans in Nebraska in 2024
- Monthly Premium
 - \$0.50 - \$123.50
 - IRMAA on higher wage earners
- Deductible
 - \$0 - \$545
- Copay/Coinsurance
 - \$0 – \$50



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Medicare Supplements

- Optional extra insurance
 - Purchased from private insurance company
 - Standard plans
 - Guaranteed renewable
- Pays for Part A & Part B
 - Deductible
 - Copays
 - Coinsurance



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Medicare Advantage (Part C)

- Alternative to Original Medicare
 - Purchased from private insurance companies
 - Must be enrolled in both Part A & B
- Blends Part A, Part B, and usually Part D
 - Must offer equal/better coverage than Original Medicare
 - May offer extra benefits
 - Dental
 - Vision
 - Hearing
- Availability varies by county
 - Cherry county does not have this option



Medicare Advantage (Part C)

- HMO (Health Maintenance Organization)
 - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
 - Out-of-network providers charge you 100% of the cost of the service
- PPO (Preferred Provider Organization)
 - In-network providers can offer lower copay/coinsurance and out-of-pocket maximums
 - Out-of-network providers charge higher copay/coinsurance and out-of-pocket maximums
- PFFS (Private Fee-For-Service)
 - No network. Providers may decide to accept the insurance
- Cost Plans
 - In network providers can offer lower copay/coinsurance and out-of-pocket maximums
 - Out-of-network providers, coverage is provided by Original Medicare, Part A and/or Part B

Enrollment

- Initial Enrollment Period
 - At age 65 or
 - After 24-month qualifying period if eligible due to disability (SSDI)
- Special Enrollment Period
 - When losing coverage from active employment
- Annual Open Enrollment (Part D or Medicare Advantage)
 - October 15 – December 7
- Medicare Advantage Open Enrollment
 - January 1 – March 31 (Only available to people enrolled in an Advantage plan.)

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Part D – Extra Help

- LIS (Low Income Subsidy) helps pay Part D cost
 - Single
 - Income < \$1,903/month
 - Assets* < \$17,720
 - Married
 - Income < \$2,575/month
 - Assets* < \$34,360
 - Apply at www.ssa.gov or at Nebraska SHIP

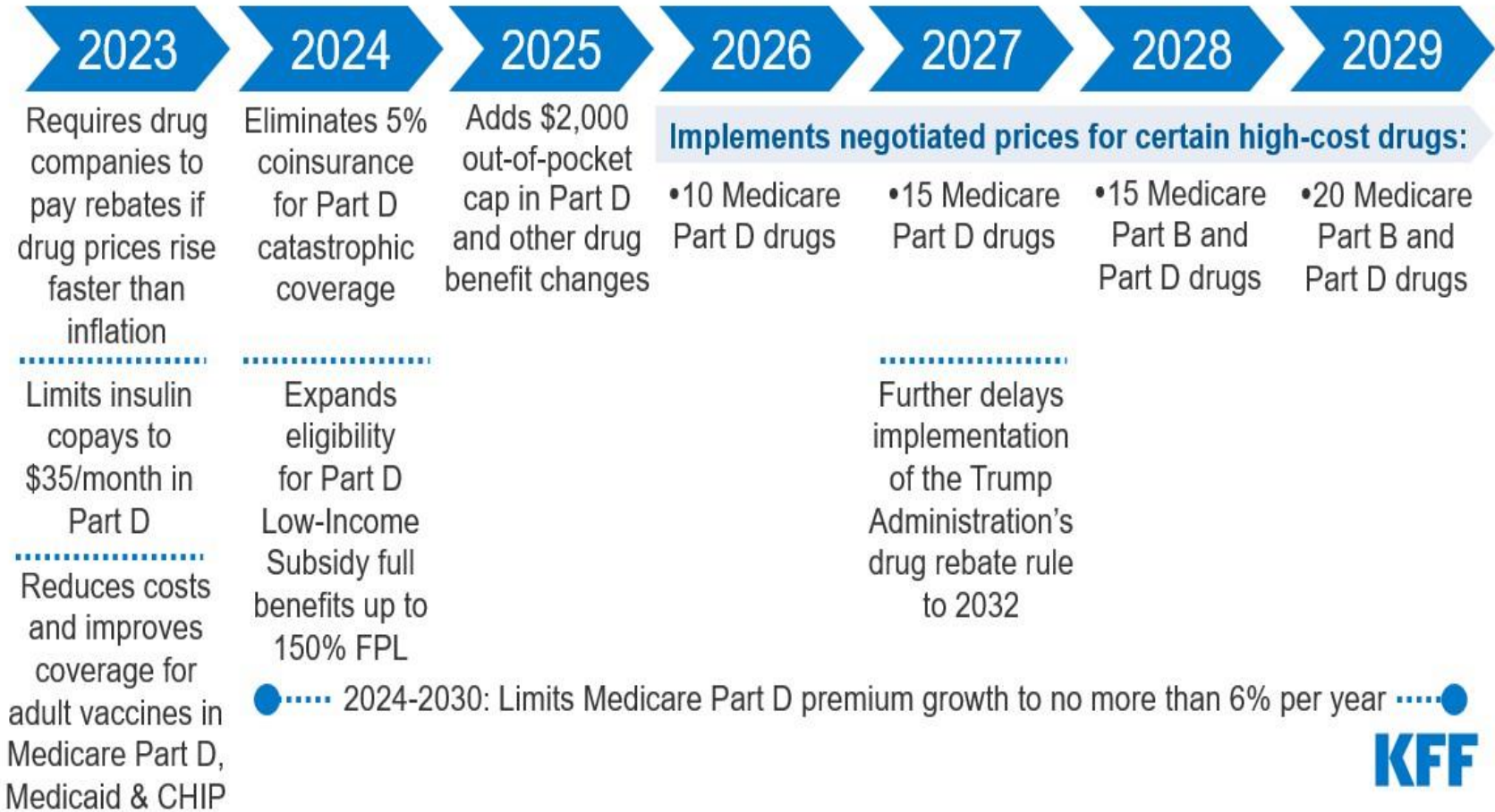
*Assets do not include car or home

Medicare Savings Program

- Lower income earners can receive assistance paying for Part B premiums
 - Single
 - Income < \$1,715/monthly
 - *Assets < \$9,430
 - Married
 - Income < \$2,320/monthly
 - *Assets < \$14,130
- Apply at ACCESS Nebraska
 - 1-855-632-7633
 - www.ACCESSNebraska.ne.gov

* Assets do not include car or home

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



Protecting Yourself & Medicare

- Medicare Fraud and Abuse:
 - Costs Medicare \$60 billion annually
 - Providers billing for services not received
 - Providers ordering unnecessary tests/procedures
 - Compromised Medicare Information
 - Potential results include:
 - Tax dollars lost
 - Medicare fund at risk
 - Less money for benefits
 - Higher Medicare premiums/costs
 - What about errors?
 - Human error exists
 - Most medical/health professionals are honest
 - Only review and investigations will determine truth

Fraud Activity in Nebraska

- New/Plastic Medicare Card Scams
- Genetic Testing Scams
 - Cancer
 - Pharmacogenetic
 - Heart Disease
- COVID-19 Testing Scams
- Back Braces and Other DME Supplies Fraud Calls
- Fraudulent Calls and Text Messages from “CVS Pharmacy”

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What Can You Do?

- **Protect**



- Don't share Social Security number/Medicare number
- Shred letters with personal identifying information
- Know that Medicare does not call or visit

- **Detect**



- Review Medicare Summary Notice (MSN)
- Review Explanation of Benefits (EOB)
- Keep records/Healthcare Journal

- **Report**



- Ask questions
- Call Nebraska SHIP/SMP – 1-800-234-7119

ADVICE FROM THE EXPERTS

Most Common Complaints

- Life and Health Insurance:
 - Claim denied or delayed
 - Premiums or billing
 - Misrepresentations
 - Coverage questions
 - Life:
 - Cash value of policy, surrendering policies
 - Health:
 - Out-of-network providers
- Property and Casualty Insurance:
 - Auto:
 - Liability and comparative negligence
 - Total loss settlement
 - Homeowners:
 - Roof damage vs. wear and tear
 - Siding matching
 - Ground water vs. sewer backup

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Advice From the Experts Health Edition

- Contact the Department of Insurance sooner rather than later with insurance issues.
- Consult with an agent when searching for ACA individual major medical insurance.
 - Know what companies are selling ACA-compliant health plans in Nebraska before browsing online for coverage.
- Health care providers can leave or join a network during the plan year, so verify the provider is in-network with each visit.
- Health insurance premiums should be paid in full, not partial payments.
 - This will avoid policy termination for failure to fully pay.
 - Understand that the grace period will not last forever, it is important to keep current on payments.
- Ask questions and know what you are buying.
 - Lower premiums for health insurance typically mean the plan is not as comprehensive as an ACA major medical policy.

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Advice From the Experts Auto Edition

- If your vehicle is totaled, the company does not owe you for a new car.
 - It will pay you the **actual cash value (ACV)** of your vehicle.
 - The ACV is what your vehicle was worth before it was totaled, based on third-party data.
- Nebraska law allows the use of aftermarket parts to repair vehicles.
 - The parts must be of equal kind, fit, and quality.
 - If you want the **original equipment manufacturer (OEM)** parts, you will pay the difference in cost.
- Nebraska law does **not require an insurance company to provide you with a rental car** if you are a third-party claimant in an accident.
 - The at-fault driver's insurer may provide a rental car to you as a courtesy if that insurer accepts liability for the accident.
 - The only time rental coverage is given is if you have purchased rental car coverage under your own policy.

More Advice From the Experts

- Don't sign anything before you read it and understand it.
- A roofer/siding salesperson may not be your best guide to Nebraska insurance law.
 - Nebraska is not a matching state for siding and/or roofing. The company owes for direct physical damage caused by a covered peril.
 - The regulation says reasonable match in the area, and the NDOI does not determine reasonable match.
- Check your life insurance beneficiary designations.
- The Department of Insurance:
 - Does not mediate claims settlements.
 - Will investigate a company's claim handling to ensure a thorough claims investigation was done in accordance with applicable laws and regulations.

Life Insurance Policy Locator

- The NAIC Life Policy Locator can help find life insurance policies and annuity contracts of a deceased family member or close relationship.
- The Life Insurance Policy Locator has matched more than \$1 billion in life insurance benefits and annuities to beneficiaries.
- When a request is received, the NAIC will:
 - Ask participating companies to search their records to determine whether they have a life insurance policy or annuity contract in the name of the deceased you entered.
 - Ask participating companies that have policy information to respond to you, as the requestor, if you are the designated beneficiary or are authorized to receive information.
- Online at <https://eapps.naic.org/life-policy-locator/#/welcome>

CONTACT INFORMATION

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- Maggie.Reinert@Nebraska.gov
- Jonathan.Burlison@Nebraska.gov

- Department of Insurance web site: <https://doi.nebraska.gov/>
- SHIP Hotline – 800-234-7119
- NDOI Office Number – 402-471-2201
- Investigation Complaint Division 402-471-0888 or (in-state only) 877-564-7323
- [Online complaint form: https://doi.nebraska.gov/consumer/consumer-assistance](https://doi.nebraska.gov/consumer/consumer-assistance)
- [External review information: https://doi.nebraska.gov/appealing-denied-health-claim](https://doi.nebraska.gov/appealing-denied-health-claim)

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Questions