Information regarding the State's individual health insurance market.

a) Current MLR standard in the individual market, including formula used to assess compliance:

While Nevada Revised Statutes do not contain a minimum loss ratio standard in the individual market for health benefit plans, the historical target has been 65%.

Market withdrawal requirements

Pursuant to NRS 689A.630, an individual carrier may discontinue offering and renewing all health benefit plans in the state provided notice of the discontinuance is provided to the Commissioner and the chief regulatory officer in each state in which the carrier is licensed to transact business at least 60 days before the date on which notice of cancellation or nonrenewal is delivered to the persons covered by the discontinued insurance. The notice to persons covered by the discontinued insurance must be delivered at least 180 days before the nonrenewal of coverage.

An individual carrier which discontinues writing health benefit plans is prohibited from writing new individual health benefit plans in the state for 5 years after the date on which the discontinuation notice was provided to the Commissioner.

b) Mechanisms to provide options to consumers

Nevada does not have a safety net for individuals with pre-existing medical conditions insured. The only option available for uninsurable individuals whose coverage was not renewed is to apply for the PCIP six months after their individual coverage was discontinued. NRS 689A.515 does provide a second guarantee issue buying opportunity for individuals who purchased a Basic or Standard HIPAA plan as an eligible individual and their coverage was not renewed by a carrier that discontinued writing and renewing individual health benefit plans in the state. There were 909 Basic or Standard policies in force on September 1, 2010.

Mechanism	**Issuers Participating**	**Products Available**	**Limitations**			
			Eligibility	Enrollment Period	Total Enrollment	Pre-existing Conditions
Guaranteed renewability for Basic and Standard plans	All individual carriers	Basic or Standard plans	Most recent prior credible coverage was under a Basic or Standard plan that was discontinued	63 days	909 plans as of 9/1/2010	none

c) Issuers in the State's individual market

1) For every issuer who offers coverage in the individual market, please provide its number of individual enrollees by product, available individual premium data by product, and individual health insurance market share within the state.

	Nevada Individual Market number of enrollees as of 9/1/2010[1]	**Nevada Individual Market 2009 Earned Premium[1]**
Total	**87,309**	**$204,170,673**

2) For each issuer who offers coverage in the individual market with ***more than 1,000 enrollees***, please provide the following additional information:

	i) 2009 Earned Premium[1]	**ii) 2009 Reported MLR[1]**	**iii) Estimated PPACA MLR[2]**	**iv) 2009 Estimated total commissions individual market[3]**	**v) Estimated individual market rebate**	**vi) Estimated individual market rebate with adjusted MLR[4]**	**vii) 2009 NV individual market net underwriting profit[1]**	**viii) 2009 consolidated NV earned premium[5]**	**ix) 2009 consolidated NV net underwriting profit[5]**
Total	**$194,854,263**	**64.1%**	**68.8%**	**$15,118,738**	**$23,065,233**	**$11,349,729**	**$31,285,897**	**$1,336,477,957**	**$54,675,460**

1. DOI 11/19/2010 Individual Market Data Call
2. Assumed taxes and fees are a maximum of 3.7% of premium, and quality improvement expenses are a maximum of 1% of premium
3. Data from carrier rate filings
4. Adjusted MLR standard of 72%
5. Individual and group health benefit plans, DOI 1/7/2011 Group Market Data Call