



ADMINISTRATIVE RULES OF MONTANA

6.6.507A STANDARD MEDICARE SUPPLEMENT BENEFIT PLANS FOR 1990 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN POLICIES OR CERTIFICATES ISSUED FOR DELIVERY ON OR AFTER JULY 1993, AND WITH AN EFFECTIVE DATE FOR COVERAGE PRIOR TO JUNE 1, 2010

- (1) An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic "core" benefits, as established in ARM 6.6.507.
- (2) No groups, packages or combinations of Medicare supplement benefits other than those listed in this rule shall be offered for sale in this state, except as may be permitted in (7) and Medicare select policies or certificates.
- (3) Benefit plans must be uniform in structure, language, designation and format to the standard benefit Plans A through L listed in this rule and conform to the definitions in 33-22-903, MCA, and ARM 6.6.505. Each benefit shall be structured in accordance with the format provided in ARM 6.6.507(4)(a), (b), and (c) and list the benefits in the order shown in this rule. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.
- (4) An issuer may use, in addition to the benefit plan designations required in (3), other designations to the extent permitted by law.
- (5) The following descriptions detail the contents of the standardized benefit Plans A through J:
 - (a) Standardized Medicare Supplement Benefit Plan A must be limited to the basic ("core") benefits common to all benefit plans, as established in ARM 6.6.507(5).
 - (b) Standardized Medicare Supplement Benefit Plan B must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible as established in ARM 6.6.507(5)(b)(i).
 - (c) Standardized Medicare Supplement Benefit Plan C must include only the core benefit, as established in ARM 6.6.507(5), plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, and medically necessary emergency care in a foreign country as established in ARM 6.6.507(5)(b)(i), (ii), (iii), and (viii), respectively.
 - (d) Standardized Medicare Supplement Benefit Plan D must include only the core benefit, as established in ARM 6.6.507(5), plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and the at-home recovery benefit as established in ARM 6.6.507(5)(b)(i), (ii), (viii), and (x), respectively.
 - (e) Standardized Medicare Supplement Benefit Plan E must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible, skilled nursing facility

care, medically necessary emergency care in a foreign country, and preventive medical care as defined in ARM 6.6.507(5)(b)(i), (ii), (viii), and (ix), respectively.

- (f) Standardized Medicare Supplement Benefit Plan F must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges and medically necessary emergency care in a foreign country as established in ARM 6.6.507(5)(b)(i), (ii), (iii), (v), and (viii), respectively.
- (g) Standardized Medicare Supplement Benefit High Deductible Plan F shall include only 100% of covered expenses following the payment of the annual High Deductible Plan F deductible.
 - (i) The covered expenses are the core benefit as defined in ARM 6.6.507(5), plus the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in ARM 6.6.507(5)(b)(i), (ii), (iii), (v), and (viii), respectively.
 - (ii) The annual High Deductible Plan F deductible must consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement Plan F policy, and must be in addition to any other specific benefit deductibles. The annual High Deductible Plan F deductible will be \$1500.00 for 1998 and 1999, must be based on the calendar year, and will be adjusted annually thereafter by the secretary to reflect the change in the consumer price index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.00.
- (h) Standardized Medicare Supplement Benefit Plan G must include only the core benefit as established in ARM 6.6.507(5) plus the Medicare Part A deductible, the skilled nursing facility care, 80% of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as established in ARM 6.6.507(5)(b)(i), (ii), (iv), (viii), and (x), respectively.
- (i) Standardized Medicare Supplement Benefit Plan H must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible, the skilled nursing facility care, basic prescription drug benefit, and medically necessary emergency care in a foreign country as established in ARM 6.6.507(5)(b)(i), (ii), (vi), and (viii), respectively. However, the outpatient prescription drug benefit may not be included in a Medicare supplement policy or certificate sold after December 31, 2005.
- (j) Standardized Medicare Supplement Benefit Plan I must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible, the skilled nursing facility care, 100% of the Medicare Part B excess charges, basic prescription drug benefit, medically necessary emergency care in a foreign country, and at-home recovery benefit as established in ARM 6.6.507(5)(b)(i), (ii), (v), (vi), (viii), and (x), respectively. However, the outpatient prescription drug benefit may not be included in a Medicare supplement policy or certificate sold after December 31, 2005.
- (k) Standardized Medicare supplement benefit plan J must include only the core benefit as established in ARM 6.6.507(5), plus the Medicare Part A deductible, the skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign

country, preventive medical care, and at-home recovery benefit as established in ARM 6.6.507(5)(b)(i), (ii), (iii), (v), (vii), (viii), (ix), and (x), respectively. However, the outpatient prescription drug benefit shall not be included in a Medicare supplement policy or certificate sold after December 31, 2005.

- (l) Standardized Medicare Supplement Benefit High Deductible Plan J shall consist of 100% of covered expenses following the payment of the annual High Deductible Plan J deductible.
 - (i) The covered expenses must be only the core benefit as defined in ARM 6.6.507(5), plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended outpatient prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care benefit, and at-home recovery benefit as defined in ARM 6.6.507(5)(b)(i), (ii), (iii), (v), (vii), (viii), (ix), and (x), respectively. However, the outpatient prescription drug benefit may not be included in a Medicare supplement policy or certificate sold after December 31, 2005.
 - (ii) The annual High Deductible Plan J deductible must consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement Plan J policy, and must be in addition to any other specific benefit deductibles. The annual deductible will be \$1500.00 for 1998 and 1999, must be based on a calendar year, and will be adjusted annually thereafter by the secretary to reflect the change in the consumer price index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of \$10.00.
- (6) The following descriptions detail the contents of two Medicare supplement plans mandated by the MMA:
 - (a) standardized Medicare Supplement Benefit Plan K must consist of only those benefits described in ARM 6.6.507(5)(c)(i); and
 - (b) standardized Medicare Supplement Benefit Plan L must consist of only those benefits described in ARM 6.6.507(5)(c)(ii).
- (7) An issuer may, with the prior approval of the commissioner, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner which is consistent with the goal of simplification of Medicare supplement policies. After December 31, 2005, the innovative benefit may not include an outpatient prescription drug benefit.

Authorizing statute(s): 33-1-313, 33-22-904, 33-2-905, MCA

Implementing statute(s): 33-22-902, 33-22-904, 33-22-905, MCA

History: NEW, 1993 MAR p. 1487, Eff. 7/16/93; AMD, 1998 MAR p. 3269, Eff. 12/18/98; AMD, 2004 MAR p. 313, Eff. 2/13/04; AMD, 2005 MAR p. 1672, Eff. 9/9/05; AMD, 2009 MAR p. 1107, Eff. 7/17/09; AMD, 2018 MAR p. 572, Eff. 3/17/18.