

outpatient drugs used in immunosuppressive therapy as determined by the Secretary of Health and Human Services, subject to any applicable Medicare deductible].

(c) A Medicare supplement policy shall provide that benefits designed to cover deductibles or coinsurance amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible and copayment provisions. Subject to approval by the Insurance Commissioner, the insurer may reserve the right to change premiums to correspond with these changes in benefits.

(d) (1) Payment of a benefit for a Medicare eligible expense under a Medicare supplement policy may be conditioned on the same or less restrictive payment conditions, including determination of medical necessity, as are applicable to a Medicare claim.

(2) Coverage under a Medicare supplement policy may not be subject to any exclusions, limitations, or reductions not consistent with the exclusions, limitations, or reductions under Medicare, except:

(i) The policy shall provide that, to the extent a benefit is available to the insured person under Medicare, coverage is not duplicated for the benefit; and

(ii) As otherwise expressly permitted under this article or under the rules and regulations adopted by the Commissioner under this article.

(e) (1) A Medicare supplement insurance policy, contract, or certificate in force in the State may not provide benefits which duplicate benefits provided by Medicare.

(2) If amendments to Title XVIII of the Social Security Act effective on and after [January 1, 1989] JUNE 1, 1990 provide benefits under Medicare which duplicate any of the minimum benefits of this section, the minimum benefits of this section shall be reduced to the extent of the duplication.

(3) In the event the benefits provided in an existing Medicare supplement policy are reduced in accordance with paragraph (2) of this subsection, and result in the loss ratio standards falling below the minimum standards as established in § 468D(b) of this subtitle, the insurer shall reduce the premium under the policy accordingly. The reduction in premium shall be subject to approval of the Commissioner.

(f) A Medicare supplement policy may not be offered at an introductory premium rate, unless approved by the Commissioner.

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(a) Notwithstanding any other provision of law, a Medicare supplement policy may not deny a claim for losses incurred more than 6 months after the effective date of coverage for a preexisting condition. The policy may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within 6 months before the effective date of coverage.