

eligible expenses not covered by Medicare; repealing provisions which make those supplemental benefits optional; and permitting the Insurance Commissioner to establish by regulation the time when the Medicare supplement buyer's guide must be delivered to potential buyers of policies; and providing that certain statements shall be placed on a proposed policy under certain circumstances.

BY repealing and reenacting, with amendments,

Article 48A - Insurance Code
Section 468C(b) and 468F(b) and (c)(4)
Annotated Code of Maryland
(1979 Replacement Volume and 1981 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That section(s) of the Annotated Code of Maryland read(s) as follows:

Article 48A - Insurance Code

468C.

(b) A Medicare supplement policy shall:

(1) Provide at least the following minimum benefits:

(i) Coverage of Medicare Part A eligible expenses for the initial Medicare deductible for hospitalization in any Medicare benefit period; and

(ii) Coverage of Medicare Part A eligible expenses for hospitalization to the extent not covered by Medicare from the sixty-first day through the ninetieth day in any Medicare benefit period; and

(iii) To the extent not covered by Medicare, coverage of Medicare Part A eligible expenses incurred as daily hospital charges during use of the Medicare lifetime inpatient hospital reserve days; and

(IV) AFTER EXHAUSTION OF ALL MEDICARE INPATIENT HOSPITAL COVERAGE, INCLUDING LIFETIME INPATIENT HOSPITAL RESERVE DAYS, COVERAGE FOR A PERIOD OF 365 DAYS OF 90 PERCENT OF ALL MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITALIZATION NOT COVERED BY MEDICARE; AND

(V) COVERAGE IN THE AMOUNT OF 20 PERCENT OF MEDICARE ELIGIBLE EXPENSES UNDER MEDICARE PART B, WHICH COVERAGE MAY BE LIMITED TO A MAXIMUM BENEFIT IN ANY CALENDAR YEAR OF NOT LESS THAN \$5,000; AND