

(IV) COVERAGE FOR DRUGS IN ACCORDANCE WITH PARAGRAPH (3)(III) OF THIS SUBSECTION; 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, BUT IN NO EVENT IN EXCESS OF THE APPLICABLE OUT-OF-POCKET LIMIT UNDER MEDICARE.

(3) In addition to the coverage set forth in paragraph (2) of this subsection, a Medicare supplement policy shall:

(i) Provide coverage of not more than \$100 for an annual screening by low-dose mammography for the presence of occult breast cancer; [and]

(ii) Provide, or offer as an option, coverage of the initial annual deductible for Medicare eligible expenses under Medicare Part B; AND

(III) EFFECTIVE JANUARY 1, 1990, PROVIDE COVERAGE FOR COPAYMENT AMOUNTS OF MEDICARE ELIGIBLE EXPENSES FOR ~~ANY---DRUG---BENEFITS---PROVIDED---UNDER---MEDICARE COVERED HOME~~ INTRAVENOUS THERAPY DRUGS AND 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