

"MEDICARE BENEFIT PERIOD" MEANS THE UNIT OF TIME USED IN THE MEDICARE PROGRAM TO MEASURE USE OF SERVICES AND AVAILABILITY OF BENEFITS UNDER MEDICARE PART A.

REVISOR'S NOTE: This subsection formerly was Art. 48A, § 468B(b)(4).

No changes are made.

Defined term: "Medicare" § 15-901

(J) MEDICARE ELIGIBLE EXPENSE.

"MEDICARE ELIGIBLE EXPENSE" MEANS A HEALTH CARE EXPENSE OF THE KIND COVERED BY MEDICARE TO THE EXTENT THE SERVICE FOR WHICH THE EXPENSE WAS INCURRED IS CONSIDERED REASONABLE UNDER MEDICARE RULES AND REGULATIONS.

REVISOR'S NOTE: This subsection formerly was Art. 48A, § 468B(b)(5).

The phrase "for which the expense was incurred" is added for clarity.

The only other changes are in style.

Defined term: "Medicare" § 15-901

(K) MEDICARE SUPPLEMENT POLICY; MEDIGAP POLICY.

(1) "MEDICARE SUPPLEMENT POLICY" OR "MEDIGAP POLICY" MEANS AN INDIVIDUAL OR GROUP POLICY OF HEALTH INSURANCE OR SUBSCRIBER CONTRACT THAT IS ADVERTISED, MARKETED, OR DESIGNED PRIMARILY AS A SUPPLEMENT TO REIMBURSEMENTS UNDER MEDICARE FOR THE HOSPITAL, MEDICAL, OR SURGICAL EXPENSES OF INDIVIDUALS ELIGIBLE FOR MEDICARE.

(2) "MEDICARE SUPPLEMENT POLICY" OR "MEDIGAP POLICY" DOES NOT INCLUDE:

(I) A POLICY THAT IS ISSUED PURSUANT TO A CONTRACT UNDER § 1876 OF THE FEDERAL SOCIAL SECURITY ACT, 42 U.S.C. § 1395 ET SEQ.; OR

(II) A POLICY THAT IS ISSUED UNDER A DEMONSTRATION PROJECT AUTHORIZED PURSUANT TO AMENDMENTS TO THE FEDERAL SOCIAL SECURITY ACT.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 468B(b)(6).

In paragraph (1) of this subsection, the reference to "individuals" eligible for Medicare is substituted for the former reference to "persons" for clarity because only individuals may be eligible for Medicare.

Defined terms: "Health insurance" § 1-101

"Medicare" § 15-901

"Policy" §§ 1-101 and 15-901