

468B.

(a) Sections 468B through 468GB of this subtitle may be cited as the Medicare Supplement Act. Notwithstanding any other provisions to the contrary, the provisions of this Act shall apply to policies issued under the provisions of this subtitle and also to individual and group contracts and certificates issued under the provisions of Subtitle 20 – Nonprofit Health Service Plans and to group and blanket policies and certificates issued under the provisions of Subtitle 26 – Group and Blanket Health Insurance.

(b) (1) In this subtitle the following words have the meanings indicated.

(2) “MEDICAID” MEANS THE “HEALTH INSURANCE FOR THE AGED ACT”, TITLE XIX OF THE SOCIAL SECURITY AMENDMENTS OF 1965, AS AMENDED.

[(2)] (3) “Medicare” means the “Health Insurance for the Aged Act”, Title XVIII of the Social Security Amendments of 1965, as amended.

[(3)] (4) “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.

[(4)] (5) “Medicare eligible expenses” means health care expenses of the kinds covered by Medicare to the extent these services are considered reasonable under Medicare rules and regulations.

[(5)] (6) (i) “Medicare supplement policy” or “Medigap policy” means a group or individual policy of health insurance or a subscriber contract which is advertised, marketed, or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical, or surgical expenses of persons eligible for ~~medicare~~ MEDICARE by reason of age.

(ii) “Medicare supplement policy” or “Medigap policy” does not include benefits offered by a health maintenance organization or other direct service organization in connection with a contract with the United States Health Care Financing Administration.

[(6)] (7) “Applicant” means:

(i) In the case of an individual Medicare supplement policy or subscriber contract, the person who seeks to contract for insurance benefits; or

(ii) In the case of a group Medicare supplement policy or subscriber contract, the proposed certificate holder.

[(7)] (8) “Certificate” means a certificate issued under a group Medicare supplement policy, which certificate has been delivered or issued for delivery in the State.

[(8)] (9) “HCFA” means the Health Care Financing Administration of the United States Department of Health and Human Services.