

TITLE 50: INSURANCE
PART 2008 MINIMUM STANDARDS FOR INDIVIDUAL AND GROUP MEDICARE
SUPPLEMENT INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE
SECTION 2008.71 BENEFIT STANDARDS FOR POLICIES OR CERTIFICATES ISSUED OR

Section 2008.71 Benefit Standards for Policies or Certificates Issued or Delivered on or After the Effective Date of this Part

- d) Standards for Plans K and L
 - 1) Standardized Medicare supplement benefit Plan "K" shall consist of the following:
 - A) Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;
 - B) Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;
 - C) Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;
 - D) Medicare Part A Deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subsection (d)(1)(J);
 - E) Skilled Nursing Facility Care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post-hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subsection (d)(1)(J);
 - F) Hospice Care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care

until the out-of-pocket limitation is met as described in subsection (d)(1)(J);

- G) Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first 3 pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in subsection (d)(1)(J);
 - H) Except for coverage provided in subsection (d)(1)(J), coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subsection (d)(1)(J);
 - I) Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and
 - J) Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of \$4000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.
- 2) Standardized Medicare supplement benefit Plan "L" shall consist of the following:
- A) The benefits described in subsections (d)(1)(A), (B), (C) and (J);
 - B) The benefits described in subsections (d)(1)(D), (E), (F), (G) and (H), but substituting 75% for 50%; and
 - C) The benefit described in subsection (d)(1)(J), but substituting \$2000 for \$4000.

(Source: Amended at 29 Ill. Reg. 14188, effective September 8, 2005)