

COMMISSIONER OF INSURANCE

Ins 25 429

First 20 days - 100% of costs	First 8 days - All but \$( ) a day
21st through 100th day - All but \$67.50 a day	9th through 150th day - 100% of costs
Beyond 100 days - Nothing	Beyond 150 days - Nothing

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 1988, Medicare Pays Per <u>Calendar Year</u>	Effective January 1, 1989, Medicare Pays <u>Per Calendar Year</u>	Your 1988 Coverage Pays Per <u>Calendar Year</u>	Effective January 1, 1989, Your Policy Pays <u>Per Calendar Year</u>
MEDICARE <u>PART B</u>				
SERVICES AND SUPPLIES	80% of allow- able charges after a \$75 deductible	No change		

NOTE: Part B benefits and prescription drug benefits will change in 1990 and 1991.  
You will receive notices of these changes in December 1989 and December 1990.

(Describe any other coverage provisions which are changing due to Medicare modifications.)

(Include information about premium adjustments that may be necessary due to changes in Medicare benefits and how adjustments will be made.)

THIS CHART ONLY BRIEFLY SUMMARIZES THE CHANGES TO YOUR MEDICARE BENEFITS AND TO YOUR MEDICARE SUPPLEMENT POLICY PROVIDED BY (COMPANY). FOR INFORMATION ABOUT YOUR MEDICARE BENEFITS, CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE.

FOR INFORMATION ABOUT YOUR MEDICARE SUPPLEMENT POLICY, CONTACT:

(COMPANY OR AGENT) (ADDRESS/PHONE NUMBER)

IF YOU STILL HAVE QUESTIONS CALL:

MEDIGAP HOTLINE  
1-800-242-1060

THIS IS A STATEWIDE TOLL-FREE NUMBER SET UP BY THE WISCONSIN BOARD ON AGING AND LONG-TERM CARE AND THE OFFICE OF THE COMMISSIONER OF INSURANCE TO ANSWER QUESTIONS ABOUT HEALTH INSURANCE AND OTHER HEALTH CARE BENEFITS FOR THE ELDERLY. IT HAS NO CONNECTION WITH ANY INSURANCE COMPANY.

## APPENDIX 2

NOTE: This form is to be used for the Medicare changes taking effect on January 1, 1990. Insurers providing Medicare replacement coverage should substitute the words "Medicare Replacement" for "Medicare Supplement."

(COMPANY NAME)

NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE - 1990

THIS NOTICE IS FOR INFORMATION ONLY. YOU NEED NOT DO ANYTHING.  
YOUR INSURANCE COVERAGE WILL CONTINUE AS LONG AS YOU PAY YOUR PREMIUM.

YOUR HEALTH CARE BENEFITS PROVIDED BY THE FEDERAL MEDICARE PROGRAM WILL CHANGE ON JANUARY 1, 1990. ADDITIONAL CHANGES TO MEDICARE BENEFITS WILL OCCUR IN THE FOLLOWING YEARS. YOUR MEDICARE SUPPLEMENT COVERAGE PROVIDED BY (COMPANY NAME) WILL ALSO CHANGE. THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE CHANGES TO MEDICARE AND TO YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ CAREFULLY:

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 1989, Medicare Pays Per Calendar Year	Effective January 1, 1990, Medicare Pays Per Calendar Year	In 1989, Your Policy Pays Per Calendar Year	Effective January 1, 1990, Your Policy Pays Per Calendar Year
<u>MEDICARE PART A</u>				
HOSPITAL SERVICES AND SUPPLIES	Unlimited number of hospital days after \$564 deductible	No change except for \$( ) deductible		
SKILLED NURSING CARE	No prior hospital stay required	No change		
	First 8 days - All but \$( ) a day	No change except for \$( ) deductible per day		
	9th through 150th day - 100% of costs	No change		
	Beyond 150 days - Nothing	No change		

COMMISSIONER OF INSURANCE

Ins 25 431

SERVICES	MEDICARE BENEFITS	YOUR MEDICARE SUPPLEMENT COVERAGE	
		In 1989, Medicare Pays Per Calendar Year	Effective January 1, 1990, Your Policy Pays Per Calendar Year
MEDICARE PART B	In 1989, Medicare Pays Per Calendar Year	Effective January 1, 1990, Medicare Pays Per Calendar Year	In 1989, Your Policy Pays Per Calendar Year
SERVICES AND SUPPLIES	80% of allowable charges after a \$75 deductible	80% of allowable charges after \$75 deductible. After an annual Part B Medicare Catastrophic Limit of \$1,370 is met, 100% of allowable charges for the remainder of the calendar year.	
		Expenses that count toward the Part B Medicare Catastrophic Limit include the Part B deductible and copayment charges, and the blood deductible charges.	
OUTPATIENT PRESCRIPTION DRUGS	None except for 80% of immunosuppressive drugs within one year after an organ transplant	The same benefits plus, after a \$550 calendar year deductible, 80% of allowable charges for home intravenous (IV) therapy drugs and 50% of allowable charges for immunosuppressive drugs after the first year	

NOTE: Part B benefits and prescription drug benefits will change in 1991. You will receive notices of these changes in December 1990.

(Describe any other coverage provisions which are changing due to Medicare modifications.)

(Include information about premium adjustments that may be necessary due to changes in Medicare benefits and how adjustments will be made.)

## WISCONSIN ADMINISTRATIVE CODE

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APPENDIX 3

NOTE: This form is to be used for the Medicare changes taking effect on January 1, 1991. Insurers providing Medicare replacement coverage should substitute the words "Medicare Replacement" for "Medicare Supplement."

(COMPANY NAME)

NOTICE ON CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE - 1991

THIS NOTICE IS FOR INFORMATION ONLY. YOU NEED NOT DO ANYTHING. YOUR INSURANCE COVERAGE WILL CONTINUE AS LONG AS YOU PAY YOUR PREMIUM.

YOUR HEALTH CARE BENEFITS PROVIDED BY THE FEDERAL MEDICARE PROGRAM WILL CHANGE ON JANUARY 1, 1991. ADDITIONAL CHANGES TO MEDICARE BENEFITS WILL OCCUR IN THE FOLLOWING YEARS. YOUR MEDICARE SUPPLEMENT COVERAGE PROVIDED BY (COMPANY NAME) WILL ALSO CHANGE. THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE CHANGES TO MEDICARE AND TO YOUR MEDICARE SUPPLEMENT COVERAGE. PLEASE READ CAREFULLY!

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 1990, Medicare Pays Per Calendar Year	Effective January 1, 1991, Medicare Pays Per Calendar Year	In 1990, Your Policy Pays Per Calendar Year	Effective January 1, 1991, Your Policy Pays Per Calendar Year
MEDICARE PART A				
SERVICES AND SUPPLIES	Unlimited number of hospital days after \$( ) deductible	No change except for \$( ) deductible		
SKILLED NURSING CARE	No prior hospital stay required for this benefit	No change		
	First 8 days - All but \$( ) deductible a day	No change except \$( ) deductible a day		
	9th through 150th day - 100% of costs	No change		
	Beyond 150 days - Nothing	No change		

## WISCONSIN ADMINISTRATIVE CODE

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 1990, Medicare Pays Per <u>Calendar Year</u>	Effective January 1, 1991, Medicare Pays <u>Per Calendar Year</u>	In 1990, Your Policy Pays Per <u>Calendar Year</u>	Effective January 1, 1991, Your Policy Pays Per <u>Calendar Year</u>
MEDICARE PART B				
SERVICES AND SUPPLIES	80% of allowable charges after a \$75 deductible. After an annual Medicare Catastrophic Limit of \$1370 is met, 100% of allowable charges for the remainder of the calendar year.	No change except the Medicare Catastrophic Limit in 1991 is \$1990 and will be adjusted on an annual basis.  Expenses that count toward the Part B Medicare Catastrophic Limit include the Part B deductible and copayment charges, and the blood deductible charge.		
OUTPATIENT PRESCRIP- TION DRUGS (see note)	After a \$550 calendar year deductible, 80% of allowable charges for home intravenous (IV) therapy drugs and 50% of allowable charges for immunosuppressive drugs	After a \$600 calendar year deductible, 80% of allowable charges for home intravenous (IV) therapy drugs and 50% of allowable charges for all other outpatient prescription drugs and immunosuppressive drugs.		
NOTE:	Prescription drug benefits will change in 1992 and 1993. In 1992, the calendar year deductible will increase to \$652 and the 50% of allowable charges paid by Medicare for outpatient prescription drugs will increase to 60%. In 1993, coverage for outpatient prescription drugs is expected to increase to 80% of allowable charges and the deductible will be adjusted on an annual basis. Medicare will continue to pay 80% of allowable charges for immunosuppressive drugs within one year after an organ transplant.			
	(Describe any other coverage provisions which are changing due to Medicare modifications.)			
	(Include information about premium adjustments that may be necessary due to changes in Medicare benefits and how adjustments will be made.)			

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## WISCONSIN ADMINISTRATIVE CODE

## APPENDIX 4

STATE OF WISCONSIN  
MEDICARE SUPPLEMENT TRANSITION RATE CHANGE FORM

1. Company Name \_\_\_\_\_

2. OCI # - - - - -

3. Contact Person \_\_\_\_\_

4. Phone ( ) - - - - - Ext. - - - - -

5. Policy Form # \_\_\_\_\_

6. Effective Date Rate Change: January 1, 19\_\_

7. Policy Approval Date \_\_/\_\_/\_\_\_\_

8. Total Overall Rate Change \_\_\_\_%.

9. Method Used to Determine Rate Change

Actuarial	( )	10. Experience Used	
Pure Judgmental	( )	Wisconsin	( )
Competitive	( )	Companywide	( )
		Both	( )

11. Accumulated Experience to Date

	Earned Premiums	Incurred Losses	Loss Ratio
a. Wisconsin	\$ _____	\$ _____	____%
b. Companywide	\$ _____	\$ _____	____%

PLEASE REFER TO INSTRUCTIONS WHEN COMPLETING FORM. The instructions may be obtained from the Office of the Commissioner of Insurance.

APPENDIX 5

ADVERTISING  
CERTIFICATE OF COMPLIANCE

I, \_\_\_\_\_ (name), an officer  
of \_\_\_\_\_ (company name)  
hereby certify that I have authority to bind and obligate the company by  
filing this (these) advertisement(s). I further certify that, to the best of  
my information, knowledge, and belief:

1. The accompanying advertisement(s) as identified by the attached  
listing comply(ies) with all applicable provisions of the Wisconsin Statutes  
and with all applicable administrative rules of the Commissioner of Insurance:

2. The advertisement(s) does (do) not contain any inconsistent,  
ambiguous, or misleading language;

3. The attached advertisement(s) is (are) in final printed format or  
typed facsimile and is (are) as will be used in Wisconsin.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(title)

\_\_\_\_\_  
(date)

Individual responsible for this filing:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

