

Chapter Ins 25

**MEDICARE SUPPLEMENT POLICY TRANSITION
REQUIREMENTS**

Ins 25.01 General

Ins 25.02 Definitions

Note: Chapter Ins 25 was created as an emergency rule effective September 6, 1988.

Ins 25.01 General. (1) **PURPOSE AND FINDINGS.** The purpose of this chapter is to assure the orderly implementation and modification of Medicare supplement insurance benefits and premiums due to changes in the federal Medicare program brought about by P.L. 100-360; to provide for the reasonable standardization of the coverage, terms, and benefits of Medicare supplement policies; to facilitate public understanding of these policies; to eliminate provisions contained in these policies which may be misleading or confusing; to eliminate policy provisions which may duplicate Medicare benefits; to provide full disclosure of policy benefits and benefit changes; and to provide for premium refunds and credits associated with benefits duplicating Medicare program benefits. This chapter is issued pursuant to the authority vested in the commissioner under ss. 601.41 (3), 628.34 (12), 628.38, and 632.81, Stats.

(2) **APPLICABILITY AND SCOPE.** (a) This rule shall take precedence over other rules and requirements relating to Medicare supplement policies only to the extent necessary to assure that benefits are not duplicated, that applicants receive adequate notice and disclosure of changes in Medicare supplement policies, that appropriate premium adjustments are made in a timely manner, and that premiums are reasonable in relation to benefits.

(b) Except as otherwise provided, this rule shall apply to all Medicare supplement policies and certificates in force, delivered, issued in this state, or which are otherwise subject to the jurisdiction of this state on or after February 1, 1989.

History: Cr. Register January, 1989, No. 397, eff. 2-1-89; correction in (2) made under s. 13.93 (2m) (b) 7 and 14, Stats., Register, July, 1990, No. 415, eff. 8-1-90.

Ins 25.02 Definitions (1) "Advertisement" has the meaning set forth in s. Ins. 3.27 (5) (a).

(2) "Applicant" means:

(a) A person who seeks to contract for insurance benefits under an individual Medicare supplement policy, and

(b) A proposed certificate holder under a group Medicare supplement policy.

(3) "Certificate" means a written summary of policy provisions issued to each group member under a group Medicare supplement policy.

(4) "Medicare" means the hospital (Part A) and medical (Part B) insurance program established by title XVIII of the federal social security act of 1965, as amended.

Register, July, 1990, No. 415

(5) "Medicare Supplement Policy" means a policy as defined in ss. 600.03 (28p) or 600.03 (28r).

History: Cr. Register January, 1989, No. 397, eff. 2-1-89.

Ins 25.03 Benefit conversion requirements. **History:** Cr. Register January, 1989, No. 397, eff. 2-1-89; r. Register, July, 1990, No. 415, eff. 8-1-90.

Ins 25.04 Requirements for new policies and certificates. **History:** Cr. Register January, 1989, No. 397, eff. 2-1-89; r. Register, July, 1990, No. 415, eff. 8-1-90.

Ins. 25.05 Filing requirements for advertising. **History:** Cr. Register January, 1989, No. 397, eff. 2-1-89; r. Register, July, 1990, No. 415, eff. 8-1-90.