COMMERCE DEPARTMENT

Medicare Supplement Regulatory Compliance Checklist

Edition: 6/21/2019

COMPANY/FILING INFORMATION	
SERFF Tracking Number:	
If form is being revised, provide previously approved SERFF Tracking number:	
Corresponding Rate Filing SERFF Tracking Number:	
Type of Insurance (Individual/Group)	
Type of Form (Policy, Master Group Policy, Application, Certificate of Coverage, Enrollment Form, Outline of Coverage, Schedule of Benefits, etc.)	
Provide the SERFF filing # to all associated forms in use: (Policy, Outline of Coverage, Certificate of Coverage, Schedule of Benefits, Application, Master Group Contract, Advertisements, Enrollment forms that are currently open for review) If the previously approved form is not found within SERFF, attach a copy of the document under supporting documentation.	
Is the plan accepting new enrollment?	

The following information has been compiled as a Checklist Guide for Commerce Department analysts to use in reviewing Medicare product filings submitted to the Department for approval in Minnesota. The Checklist Guide is designed as an internal Commerce Department resource to outline certain state or federal laws that could apply to provisions typically found in Medicare Supplement form filings. It may be periodically updated to reflect statutory changes. Additional state or federal law requirements may exist to the extent they apply to provisions not typically found in policy forms or certificates. Compliance with these additional requirements, if applicable to the product filing, would still be required even though they are not listed in this Checklist Guide.

NOTE: While the Department is making this Checklist Guide publicly available, this is meant only to be a guide to assist you with your product filings. This list is in no way exhaustive or a complete statement of all requirements and provisions that might be applicable, and does not replace the form compliance review process. Please note that the Checklist Guide may only include part of an applicable law or regulation. Therefore, companies or health plans should refer to all relevant Minnesota Statutes and Rules as well as applicable Federal law in developing product filings that they submit to the Department for approval. To the extent the provisions in this Checklist Guide conflict with state or federal law, companies making filings should comply with the language of state or federal law. This Checklist Guide is a representation of general provisions and should not be construed as a legal opinion or advice.

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List ALL Medicare Supplement plans sold by your company:

Most Recent SERFF Tracking Number	Plan Type (Basic, Extended Basic, etc.)	Implementation Year (Minnesota)	Actively Marketed or Closed	If applicable, year closed	Drug Coverage (Y/N)	Select Plan? (Y/N)

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Minnesota Filing Requirements For All Filings	Description	Check the box to confirm compliance
Filing Certification	All new filing submissions must contain a certification that the filing submission is in compliance with all statutes and administrative rules. A separate filing certification form is not required. Instead, please incorporate your certification language under the General Information tab within your SERFF filing. Language similar to the following will be acceptable: "I certify that I have reviewed the contents of this filing, and all applicable Minnesota statutes and administrative rules prior to its submission. I understand that if this filing does not comply with Minnesota statutes and administrative rules, the Minnesota Department of Commerce may take administrative action, including levying of fines against the company."	☐
Form Filing PDF Requirements	Files must be submitted in PDF format. Attachments larger than 3 megabytes must be split into parts less than 3 megabytes. Word documents and spreadsheets must be converted to "PDF" documents before they are attached to a filing. Filing submissions that contain non-PDF documents will be rejected. Do not submit scanned documents, as they can be difficult to read. Do not place security or lock the documents that require a password.	☐
Form Filing Naming Requirements	PDF file names for each form attached should use the actual form number for that form.	☐
Form Filing Plan Level Submission Requirements	Submitted only one plan level form per SERFF filing (example, if you file a Basic Medicare Supplement plan forms, you cannot submit policy forms for the Extend Medicare Supplement plan within the same SERFF filing).	☐
Form Filing PDF Requirements	Did not submit a policy form with applicable riders or endorsements within one PDF file.	☐
Company Address Changes Filing Requirements	If the company's address appears on its policy forms and is changing, the following filings must be made: New Business: A formal filing must be made advising the department of the address change and its effective date. Attach a list of all affected forms to the Supporting Documentation tab of the SERFF Filing. The list should include the form name, form number, approval date, SERFF Tracking Number, and State Tracking Number (if applicable). Existing Business: In-force contracts must be amended to reflect the new address. An endorsement setting forth the new address must be submitted for approval and sent to all in-force policyholders, contract holders, and certificate holders. The filing description must state that all in-force contracts will be amended by the endorsement. Attach a list of all affected forms to the Supporting Documentation tab of the SERFF Filing. The list should include the form name, form number, approval date, SERFF Tracking Number, and State Tracking Number (if applicable).	☐

	Minnesota Rule Part 2605.0400 – This department does not accept bracketing of company contact information (address, phone number, logo, website, etc.).	
Company Name Changes Filing Requirements	Minn. R. Part 2605.0400 New Business: Name changes are required to be submitted as formal filings complete with the appropriate filing fees. Attach a list of all affected forms to the Supporting Documentation tab of the SERFF Filing. The list should include the form name, form number, approval date, SERFF Tracking Number, and State Tracking Number (if applicable). This filing procedure is only applicable if the forms are identical in all other respects to the previously approved versions. Existing Business: In-force contracts must be amended to reflect the new name. These name change endorsements must be submitted as formal filings complete with the appropriate filing fees. Attach a list of all affected forms to the Supporting Documentation tab of the SERFF Filing. The list should include the form name, form number, approval date, SERFF Tracking Number, and State Tracking Number (if applicable). NOTE: When a name change is the result of a merger or assumption agreement the name change endorsement should not be filed until the merger or assumption has been approved by the department's Financial Examinations – Insurance Division. Questions regarding mergers and assumptions should be directed to the insurance.commerce@state.mn.us.	☐
Officer Name Change Filing Requirements	For Officer Name Change filings only, filers should: 1. File cover/signature pages with the new officer name(s) and a revision date as a part of the form number in the SERFF Filing Form Schedule. Filers do not need to change the form number if the only change that the filing is making is the officer name change. Filers do need to change the form number if combining the officer name change with other form content changes. 2. Include change of officers' names from [previous officers] to: [new officers] in SERFF Filing General Information. 3. Attach a list of all affected forms to the Supporting Documentation tab of the SERFF Filing. The list should include the form name, form number, approval date, SERFF Tracking Number, and State Tracking Number (if applicable). Minnesota Rule Part 2605.0400 and Minnesota Statute §60A.08, subd. 5 – This department does not accept bracketing of officer signatures.	☐
Endorsements – Restricted Use Filing Requirements	Endorsements that serve to correct the contract/policy at issue are not acceptable for approval. The practice of issuing endorsements to correct a contract/policy impacts readability and revising contract/policy terms and conditions in this manner will not be approved for use at issue. Companies must incorporate proposed changes within the text of the contract/policy and file for prior approval. Revised forms must be identified to indicate that a change has occurred since the prior approval. Companies may revise the form number or include a new edition date next to the form number. If the change being made to the policy is minor and does not impact other sections of the policy, you may file just the affected page or pages.	☐

	Endorsements used with in-force contracts/policies: •Identify the contract/policy to be amended by form number and include the approval date and SERFF tracking number. •If provisions within the contract/policy are being revised, provide a red-lined copy of the original form, highlighting the changes. •Explain why the endorsement is necessary and how it enhances the contract/policy. Endorsements that eliminate benefits or increase costs within an approved form are unacceptable.	
Prohibited Use Of Matrix Filings	The department does not accept matrix filings, filing more than one plan type, on contract/policy filings. Forms must be formatted in a manner that allows the department to determine how the forms (contract/policy, rider, etc.), will look at issue.	☐
Red-line version of forms Filing Requirement	Submit a red-line version of all revised policy forms filed with the department.	☐
Memorandum of Variability Filing Requirements	Submit a Memorandum of Variability (MOV)/Statement of Variability (SOV) that thoroughly explains the extent of variability, when the form contains brackets used for variability. Document must be submitted under the "Supporting Documentation" tab. Approval is limited to the language provided in the MOV/SOV.	☐

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MINNESOTA MEDICARE SUPPLEMENT PLANS COMPARISON CHART

This chart shows the benefits included in each of Minnesota Medicare Supplement Waiver Plans, before and after Medicare Access and CHIP Reauthorization Act 0f 2015 (MACRA) Conformity. Every company must make the Extended Basic and Basic Plans available in the Medicare Supplement Marketplace. Only applicants that are first eligible for Medicare before 2020 may purchase Plans that cover the Part B deductible.

Benefits	BASIC 62A.316	EXTENDED BASIC 62A.315	50% 62A.3161	75% 62A.3162	50% Part A Deductible 62A.3163	$20 & $50 copay for Part B 62A.3164	High Deductible 62A.3165
	Required plan offering	Required plan offering	Similar to plan K	Similar to plan L	Similar to plan M	Similar to plan N	Similar to plan F High Deductible
Medicare Part A deductible	100% if rider purchased	100%	50%	75%	50%	100%	100%, after the annual high deductible
Medicare Part A inpatient hospital coinsurance	100%	100%	100%	100%	100%	100%	100%, after the annual high deductible
Skilled nursing facility copays, per calendar year	100%	100%	50% for days 21 through 100	75% for days 21 through 100	100% for days 21 through 100	100% for days 21 through 100	100% for days 21 through 100
Hospice and respite care copayment/coinsurance	100%	100%	50% for respite care only	75% for respite care only	100%	100%	100% for respite care only
Part B deductible							
• Medicare eligible before 1/1/2020	100%	100%					100% after the annual high deductible
• Medicare newly eligible on or after 1/1/2020 (available to all enrollees).	No coverage	No coverage					No coverage
Part B coinsurance/copayment	100%	100%	50%	75%	100%	$20 and $50 copays apply	100% after the annual high deductible

Part B excess charges							
• Medicare eligible before 1/1/2020	100% if rider purchased	100%					
• Medicare eligible before 1/1/2020	100% if rider purchased, after Part B deductible met	100% after Part B deductible met					
Home Health Care Coinsurance	100%	100%			100%	100%	100% after the annual high deductible
First Three Pints of Blood	* Blood beyond 3 pints is subject to the Part A or Part B deductible, if not yet met.						
• Medicare eligible before 1/1/2020	100% if rider purchased	100%	50%	75%	100%	100%	100%
• Medicare newly eligible on or after 1/1/2020 (available to all enrollees).	100% *	100% *	50% *	75% *	100% *	100% *	100% *
Preventive Medical Care services not covered by Medicare	100% up to $120 if rider purchased	100% up to $120					
Immunizations not covered by Part D	100%	100%					
Routine cancer screenings coinsurance	100%	100%	100%	100%	100%	100%	100% after Part B deductible met
Foreign travel - emergency	80%	80%			80%	80%	100% after annual high deductible
Foreign travel - hospital and medical expenses and supplies		80%					
Unique Minnesota Benefit Mandates	Coverage required at applicable benefit levels						

Minnesota is a Medicare Supplement waiver state. Besides offering non-standardized Medicare Supplement plans, Minnesota does not use the Alpha plan names (A through N). Note: The requirement, where the federal government is mandating that C and F plans no longer be issued, applies to states that offer standardized Medicare Supplement plans and does not apply to Minnesota because we are a Medicare Supplement waiver state.

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Cover Page & Disclosure Language	Description	Check the box to confirm compliance	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
60A.08 **CONTRACTS OF INSURANCE**	Subd. 2.Corporate name; origin and financial statements.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1c.Limitation on cancellation or nonrenewal.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1f.Suspension based on entitlement to medical assistance.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1m.Medicare cost sharing coverage changes.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1p.Renewal or continuation provisions.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1q.Marketing procedures. (1) (iv)	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 1t.Notice of lack of drug coverage.	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS**	Subd. 2.General coverage.	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(a) A description of the principal benefits and coverage provided in the policy	☐	See Form _____, Page _____.

62A.39 **DISCLOSURE**	(b) This Policy does not cover all Medical Expenses beyond those covered by Medicare. This Policy does not cover all skilled nursing home care expenses and does not cover custodial or residential nursing care. Read your policy carefully to determine which nursing home facilities and expenses are covered by your policy.	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(c) A statement of the renewal provisions including any reservations by the insurer of a right to change premiums. The premium and manner of payment shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(d) Read your policy or certificate very carefully. A statement that the outline of coverage is a summary of the policy issued or applied for and that the policy should be consulted to determine governing contractual provisions. Additionally, it does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Medicare handbook for more details	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(e) A statement of the policy's loss ratio as follows: "This policy provides an anticipated loss ratio of (..%). This means that, on the average, policyholders may expect that ($....) of every $100.00 in premium will be returned as benefits to policyholders over the life of the contract."	☐	See Form _____, Page _____.

62A.39 **DISCLOSURE**	(f) When the outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis that would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany the policy or certificate when it is delivered and contain the following statement, in no less than 12-point type, immediately above the company name: "NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has not been issued."	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(g) **Right to return policy or certificate.** If you find that you are not satisfied with your policy or certificate for any reason, you may return it to (insert issuer's address). If you send the policy or certificate back to us within 30 days after you receive it, we will treat the policy or certificate as if it had never been issued and return all of your payments within ten days	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(h) **Policy or certificate replacement**. If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy or certificate and are sure you want to keep it.	☐	See Form _____, Page _____.

62A.39 **DISCLOSURE**	(i) **Notice.** "This policy or certificate may not fully cover all of your medical costs." A. (for agents:) "Neither (insert company's name) nor its agents are connected with Medicare." B. (for direct response:) "(insert company's name) is not connected with Medicare."	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE**	(j) Notice regarding policies or certificates which are not Medicare supplement policies. Any accident and sickness insurance policy or certificate, other than a Medicare supplement policy, or a policy or certificate issued pursuant to a contract under the federal Social Security Act, section 1833 or 1876 (United States Code, title 42, section 1395, et seq.), disability income policy; or other policy, issued for delivery in this state to persons eligible for Medicare shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than 12-point type and shall contain the following language: "THIS (POLICY OR CERTIFICATE) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CONTRACT). If you are eligible for Medicare, review the "Guide to Health	☐	See Form _____, Page _____.

	Insurance for People with Medicare" available from the company."		
62A.39 **DISCLOSURE**	(k) **Complete answers are very important.** "When you fill out the application for the new policy or certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy or certificate and refuse to pay any claims if you leave out or falsify important medical information." If the policy or certificate is guaranteed issue, this paragraph need not appear. "Review the application carefully before you sign it. Be certain that all information has been properly recorded." Include for each plan, prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments, and insured payments for each plan, using the same language, in the same order, using uniform layout and format. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the insurer.	☐	See Form _____, Page _____.
62A.021 **HEALTH CARE POLICY RATES.**	Subd. 3.Loss ratio disclosure. (a) and (b)	☐	See Form _____, Page _____.

State Mandated Benefits	Description	Check the box to confirm compliance	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
62A.043 DENTAL AND PODIATRIC COVERAGE (TMJ/CMD)	Subdivision 1.Policies and contracts covered. Subd. 2.Services covered. Subd. 3.Disorders covered.	☐	See Form _____, Page _____.
62A.149 BENEFITS FOR ALCOHOLICS AND DRUG DEPENDENTS	Subdivision 1.Application.	☐	See Form _____, Page _____.
62A.152 BENEFITS FOR AMBULATORY MENTAL HEALTH SERVICES	Subd. 2.Minimum benefits.	☐	See Form _____, Page _____.
62A.153 OUTPATIENT MEDICAL AND SURGICAL SERVICES.	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.155 COVERAGE FOR SERVICES PROVIDED TO VENTILATOR-DEPENDENT PERSONS.	Subd. 2.Required coverage.	☐	See Form _____, Page _____.
62A.25 RECONSTRUCTIVE SURGERY	Subd. 2 Required Coverage	☐	See Form _____, Page _____.
62A.26 COVERAGE FOR PHENYLKETONURIA TREATMENT	Subd. 2 Required coverage	☐	See Form _____, Page _____.
62A.265 COVERAGE FOR LYME DISEASE.	Subdivision 1.Required coverage.	☐	See Form _____, Page _____.

62A.28 COVERAGE FOR SCALP HAIR PROSTHESES.	Subd. 2 Required coverage.	☐	See Form _____, Page _____.
62A.30 COVERAGE FOR DIAGNOSTIC PROCEDURES FOR CANCER.	Subd. 3.Ovarian cancer surveillance tests Note: Minnesota Statutes 2018, section 62A.318, was amended in the 2019 legislative session by adding a subdivision: Subd. 4.Mammograms. (a) For purposes of subdivision 2, coverage for a preventive mammogram screening (1) includes digital breast tomosynthesis for enrollees at risk for breast cancer, and (2) is covered as a preventive item or service, as described under section 62Q.46. (b) For purposes of this subdivision, "digital breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. "At risk for breast cancer" means: (1) having a family history with one or more first- or second-degree relatives with breast cancer; (2) testing positive for BRCA1 or BRCA2 mutations; (3) having heterogeneously dense breasts or extremely dense breasts based on the Breast Imaging Reporting and Data System established by the American College of Radiology; or (4) having a previous diagnosis of breast cancer.	☐	See Form _____, Page _____.

	(c) This subdivision does not apply to coverage provided through a public health care program under chapter 256B or 256L. (d) Nothing in this subdivision limits the coverage of digital breast tomosynthesis in a policy, plan, certificate, or contract referred to in subdivision 1 that is in effect prior to January 1, 2020. (e) Nothing in this subdivision prohibits a policy, plan, certificate, or contract referred to in subdivision 1 from covering digital breast tomosynthesis for an enrollee who is not at risk for breast cancer. EFFECTIVE DATE.This section is effective January 1, 2020, and applies to health plans issued, sold, or renewed on or after that date.		
62A.3075 CANCER CHEMOTHERAPY TREATMENT COVERAGE.	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.3093 COVERAGE FOR DIABETES.	Subdivision 1.Required coverage.	☐	See Form _____, Page _____.
62Q.50 PROSTATE CANCER SCREENING.	All statutory requirements apply.	☐	See Form _____, Page _____.
62Q.525 COVERAGE FOR OFF-LABEL DRUG USE.	Subdivision 1.Scope of coverage. Subd. 3.Required coverage. Subd. 4.Construction.	☐	See Form _____, Page _____.
62Q.527 NONFORMULARY ANTIPSYCHOTIC DRUGS; REQUIRED COVERAGE.	Subdivision 1.Definitions. Subd. 2.Required coverage for antipsychotic drugs.	☐	See Form _____, Page _____.

	Subd. 3.Continuing care. Subd. 4.Exception to formulary.		
62Q.53 **MENTAL HEALTH COVERAGE; MEDICALLY NECESSARY CARE.**	Subdivision 1.Requirement. Subd. 2.Minimum definition. Subd. 3.Health plan; definition.	☐	See Form _____, Page _____.
62Q.55 **EMERGENCY SERVICES.**	Subdivision 1. Access to Emergency Services Subd. 2 .Emergency medical condition. Subd. 3. Emergency services.	☐	See Form _____, Page _____.
62Q.66 **DURABLE MEDICAL EQUIPMENT COVERAGE.**	All statutory requirements apply.	☐	See Form _____, Page _____.
62Q.67 **DISCLOSURE OF COVERED DURABLE MEDICAL EQUIPMENT.**	Subdivision 1.Disclosure. Subd. 2. Information to be disclosed.	☐	See Form _____, Page _____.
General Requirements For All Filings	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
60A.06 **KINDS OF INSURANCE PERMITTED.**	Subd. 1. Statutory lines.	☐	See Form _____, Page _____.
60A.06 **KINDS OF INSURANCE PERMITTED.**	Subd. 3. Limitation on combination policies.	☐	See Form _____, Page _____.
62A.03 **GENERAL PROVISIONS OF POLICY.**	Subdivision 1.Conditions.	☐	See Form _____, Page _____.

Continuity of Care Requirements	Description	Check the box to confirm compliance	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
62Q.56 CONTINUITY OF CARE.	Subd. 1. Change in health care provider; general notification.	☐	See Form _____, Page _____.
62Q.56 CONTINUITY OF CARE.	Subd. 2. Change in health plans.	☐	See Form _____, Page _____.
62Q.56 CONTINUITY OF CARE.	Subd. 3 .Disclosure.	☐	See Form _____, Page _____.
Definitions	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)**
62A.3099 DEFINITIONS.	Subd. 1 .Scope. The definitions provided in this section apply to sections 62A.3099 to 62A.44.	☐	See Form _____, Page _____.
62A.3099 DEFINITIONS.	Subd. 2 through 23 apply. Note: Minnesota Statutes 2018, section 62A.3099, was amended in the 2019 legislative session by adding a subdivision: Subd. 18a. Newly eligible individual. "Newly eligible individual" means an individual who is eligible for Medicare on or after January 1, 2020, because the individual:	☐	See Form _____, Page _____.

	(1) has attained age 65 on or after January 2020; or (2) although under age 65, is entitled to or deemed eligible for benefits under Medicare Part A by reason of disability or otherwise.		
Medicare Supplement Benefits; Minimum Standards	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	All statutory requirements apply. Minnesota Statutes 2018, section 62A.31, was amended during the 2019 legislative session: Subdivision 1. Policy requirements. No individual or group policy, certificate, subscriber contract issued by a health service plan corporation regulated under chapter 62C, or other evidence of accident and health insurance the effect or purpose of which is to supplement Medicare coverage, including to supplement coverage under Medicare Advantage plans established under Medicare Part C, issued or delivered in this state or offered to a resident of this state shall be sold or issued to an individual covered by Medicare unless the requirements in subdivisions 1a to 1v are met.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1a. Minimum coverage The policy must provide a minimum of the coverage set out in subdivision 2 and for an	☐	See Form _____, Page _____.

	extended basic plan, the additional requirements of section 62E.07.		
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1b. Preexisting condition coverage. The policy must cover preexisting conditions during the first six months of coverage if the insured was not diagnosed or treated for the particular condition during the 90 days immediately preceding the effective date of coverage.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1d. Mandatory offer.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1h. Limitations on denials, conditions, and pricing of coverage.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1i. Replacement coverage.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1k. Guaranteed renewability.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1l. Treatment of sickness and accident losses	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1n. Termination of coverage	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1o. Refund of credit calculation.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1q. Marketing procedures.	☐	See Form _____, Page _____.

62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1r. Community rate.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1s. Prescription drug coverage	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1u. Guaranteed issue for eligible persons.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Minnesota Statutes 2018, section 62A.31, was amended during the 2019 legislative session by adding a subdivision: Subd. 1v. Medicare Part B deductible. A Medicare supplemental policy or certificate must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 4. Prohibited policy provisions.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 5. Advertising.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 8. Prohibition against use of genetic information and requests for genetic information.	☐	See Form _____, Page _____.

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Claims Payment Standards	Description	Check the box to confirm compliance	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
62A.317 **STANDARDS FOR CLAIMS PAYMENT.**	(a) An issuer shall comply with section 1882(c)(3) of the federal Social Security Act, as enacted by section 4081(b)(2)(C) of the Omnibus Budget Reconciliation Act of 1987 (OBRA), Public Law 100-203, by:	☐	See Form _____, Page _____.
62A.317 **STANDARDS FOR CLAIMS PAYMENT.**	(b) Compliance with the requirements in paragraph (a) shall be certified on the Medicare supplement insurance experience reporting form.	☐	See Form _____, Page _____.
62A.044 **PAYMENTS TO GOVERNMENTAL INSTITUTIONS**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.045 **PAYMENTS ON BEHALF OF ENROLLEES IN GOVERNMENT HEALTH PROGRAMS.**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.046 **COORDINATION OF BENEFITS.**	Subdivision 1.Limitation on denial of coverage; payment.	☐	See Form _____, Page _____.
62A.046 **COORDINATION OF BENEFITS.**	Subd. 6.Coordination of benefits.	☐	See Form _____, Page _____.
62A.081 **PAYMENTS TO FACILITIES OPERATED BY STATE OR LOCAL GOVERNMENT.**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.095 **SUBROGATION CLAUSES REGULATED.**	Subd. 2.Subrogation clause; limits.	☐	See Form _____, Page _____.

62A.095 SUBROGATION CLAUSES REGULATED.	Subd. 3.Retroactive amendments regulated.	☐	See Form _____, Page _____.
Government Certifications, Approvals and Endorsements	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.37 GOVERNEMENT CERTIFICATIONS, APPROVALS, AND ENDORSEMENTS.	Subd. 1. Display of seal or emblem prohibited.	☐	See Form _____, Page _____.
62A.37 GOVERNEMENT CERTIFICATIONS, APPROVALS, AND ENDORSEMENTS.	Subd. 2. Display of false statement or representation prohibited.	☐	See Form _____, Page _____.
Replacement Regulated; Penalties	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.40 REPLACMENT REGULATED.	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.41 PENALTIES.	All statutory requirements apply.	☐	See Form _____, Page _____.
Sales Limitations and Commissions Requirements	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.43 LIMITATIONS ON SALES.	Subd. 1. Duplicate coverage prohibited.	☐	See Form _____, Page _____.
62A.43 LIMITATIONS ON SALES.	Subd. 2 Refunds.	☐	See Form _____, Page _____.

62A.43 LIMITATIONS ON SALES.	Subd. 4. Other policies not prohibited.	☐	See Form _____, Page _____.
62A.436 COMMISSIONS.	The commission, sales allowance, service fee, or compensation to an agent for the sale of a Medicare supplement plan must be the same for each of the first four years of the policy. In no event may the rate of commission, sales allowance, service fee, or compensation for the sale of a basic Medicare supplement plan exceed that which applies to the sale of an extended basic Medicare supplement plan. For purposes of this section, "compensation" includes pecuniary or nonpecuniary remuneration of any kind relating to the sale or renewal of the policy or certificate, including but not limited to bonuses, gifts, prizes, awards, and finder's fees. This section also applies to sales of replacement policies.	☐	See Form _____, Page _____.
62E.07 QUALIFIED MEDICARE SUPPLEMENT PLAN.	Note: Minnesota Statutes 2018, section 62E.07, was amended during the 2019 legislative session to: a) Any plan which provides benefits may be certified as a qualified Medicare supplement plan if the plan is designed to supplement Medicare and provides coverage of 100 percent of the deductibles required under Medicare, with exclusion under paragraph (b) for any part of the Medicare Part B deductible, and 80 percent of the charges for covered services described in section 62E.06, subdivision 1, which charges are not paid by Medicare.	☐	See Form _____, Page _____.

	The coverage shall include a limitation of $1,000 per person on total annual out-of-pocket expenses for the covered services. (b) Any plan sold or issued to a newly eligible individual, as defined in section 62A.3099, subdivision 18a, that provides benefits may be certified as a qualified Medicare supplemental plan if the plan is designed to supplement Medicare and provides coverage of 100 percent of the deductibles, with the exception of coverage of: (1) 100 percent or any portion of the Medicare Part B deductible; and (2) 80 percent of the charges for covered services, as provided under section 62E.06, subdivision 6, that are charges not paid by Medicare. The coverage must include a $1,000 per person limitation on total annual out-of-pocket expenses for the covered services.		
62J. 25 MANDATORY MEDICARE ASSIGNMENT.	(d) Effective January 1, 1996, a health care provider shall not charge to or collect from a Medicare beneficiary who is a Minnesota resident any amount in excess of the Medicare-approved amount for any Medicare-covered service provided.	☐	See Form _____, Page _____.
62Q.107 PROHIBITED PROVISION; JUDICIAL REVIEW.	Beginning January 1, 1999, no health plan, including the coverages described in section 62A.011, subdivision 3, clauses (7) and (10), may specify a standard of review upon which a court may review denial of a claim or of any other decision made by a health plan company with respect to an enrollee. This section prohibits limiting	☐	See Form _____, Page _____.

	court review to a determination of whether the health plan company's decision is arbitrary and capricious, an abuse of discretion, or any other standard less favorable to the enrollee than a preponderance of the evidence.		
Application Requirements	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.03 GENERAL PROVISIONS OF POLICY	Subd. 1 (4) Appearance	☐	See Form _____, Page _____.
62A.03 GENERAL PROVISIONS OF POLICY	Subd. 1 (7) Form Number	☐	See Form _____, Page _____.
62A.3099 DEFINITIONS	Subd. 3.Applicant	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1g. Notification of counseling services	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1h.Limitations on denials, conditions, and pricing of coverage	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1i.Replacement coverage	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS	Subd. 1u.Guaranteed issue for eligible persons	☐	See Form _____, Page _____.
62A.36 LOSS RATIO STANDARDS	Subdivision 1.Loss ratio standards and refund provisions (a)	☐	See Form _____, Page _____.
62A.43 LIMITATIONS ON SALES	Subdivision 1.Duplicate coverage prohibited	☐	See Form _____, Page _____.

62A.44 **APPLICATIONS**	Subd. 1. Application copy.	☐	See Form _____, Page _____.
62A.44 **APPLICATIONS**	Subd. 2. Questions.	☐	See Form _____, Page _____.
62A.44 **APPLICATIONS**	Subd. 3. Electronic enrollment	☐	See Form _____, Page _____.
72A.20 **METHODS, ACTS, AND PRACTICES WHICH ARE DEFINED AS UNFAIR OR DECEPTIVE**	Subd. 29a.HIV tests; vaccine research	☐	See Form _____, Page _____.
72A.501 **DISCLOSURE AUTHORIZATION.**	Subd. 2. Application	☐	See Form _____, Page _____.
72C.10 **FILING REQUIREMENTS; DUTIES OF COMMISSIONER**	Subd. 2.Contract or policy disapproval	☐	See Form _____, Page _____.
Minnesota Rule 2790.0600 **EXCEPTIONS, REDUCTIONS, AND LIMITATIONS**	Subp. 2. Preexisting conditions summary	☐	See Form _____, Page _____.
62A.22 **Refusal to Provide Coverage Because of Option Under Workers' Compensation**	All statutory requirements apply.	☐	See Form _____, Page _____.
General Policy Forms Provisions	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.02 **POLICY FORMS.**	Subdivision 1.Filing. Subd. 2. Approval. (a) Subd. 2. Approval. (b)	☐	See Form _____, Page _____.
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.**	Subd 1j. Filing and approval.	☐	See Form _____, Page _____.

62A.03 GENERAL PROVISIONS OF POLICY. (Individual plans only)	Subdivision 1.Conditions, (9) Medical benefits.	☐	See Form _____, Page _____.
62A.03 GENERAL PROVISIONS OF POLICY. (Individual plans only)	Subdivision 1.Conditions, (10) Osteopath, optometrist, chiropractor, or registered nurse services.	☐	See Form _____, Page _____.
62A.049 LIMITATION ON PREAUTHORIZATIONS; EMERGENCIES.	All statutory requirements apply.	☐	See Form _____, Page _____.
Standard Provisions; Required Provisions	**Description**	**Check the box to confirm compliance**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (1) ENTIRE CONTRACT; CHANGES	☐	See Form _____, Page _____.
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (2) TIME LIMIT ON CERTAIN DEFENSES	☐	See Form _____, Page _____.
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (3)(a) GRACE PERIOD	☐	See Form _____, Page _____.
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (4) REINSTATEMENT	☐	See Form _____, Page _____.
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (5) NOTICE OF CLAIM:	☐	See Form _____, Page _____.
62A.04 STANDARD PROVISIONS.	Subd. 2. Required provisions. (6) CLAIM FORMS	☐	See Form _____, Page _____.

62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (7) PROOFS OF LOSS	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (8) TIME OF PAYMENT OF CLAIMS	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (9) PAYMENT OF CLAIMS:	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (10) PHYSICAL EXAMINATIONS AND AUTOPSY	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (11) LEGAL ACTIONS:	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (11) LEGAL ACTIONS:	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 2. Required provisions. (12) CHANGE OF BENEFICIARY:	☐	See Form _____, Page _____.
62A.04 **STANDARD PROVISIONS.**	Subd. 10. Return of premium.	☐	See Form _____, Page _____.
62A.18 **PROHIBITION AGAINST DISABILITY OFFSETS.**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.3091 **Non-discriminate Coverage of Tests**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.3092 **Equal Treatment of Surgical First Assisting Services**	All statutory requirements apply.	☐	See Form _____, Page _____.
62A.36 **LOSS RATIO STANDARDS**	Subd. 1. Loss ratio standards and refund provisions.	☐	See Form _____, Page _____.

62A.36 LOSS RATIO STANDARDS	Subd. 1a. Supplement to annual statements.	☐	See Form _____, Page _____.
62A.36 LOSS RATIO STANDARDS	Subd. 1b. Penalties.	☐	See Form _____, Page _____.
62A.36 LOSS RATIO STANDARDS	Subd. 2. Solicitations by mail or media advertisement.	☐	See Form _____, Page _____.
62A.38 NOTICE OF FREE EXAMINATION.	All statutory requirements apply.	☐	See Form _____, Page _____.
Plan Design Requirements	**Description**	**Check the box to confirm**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.315 EXTENDED BASIC MEDICARE SUPPLEMENT PLAN; COVERAGE.	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.315, was amended during the 2019 legislative session to read: (b) An extended basic Medicare supplement plan must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.
62A.316 BASIC MEDICARE SUPPLEMENT PLAN. COVERAGE.	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.316, was amended during the 2019 legislative session: (c) A basic Medicare supplement plan must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the	☐	See Form _____, Page _____.

	Medicare Part B deductible to a newly eligible individual.		
62A.316 BASIC MEDICARE SUPPLEMENT PLAN. COVERAGE.	(b)Note: Minnesota Statutes 2018, section 62A.316, was amended during the 2019 legislative session: (b) A Medicare supplement plan with 50 percent coverage must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.
62A.3162 MEDICARE SUPPLEMENT PLAN WITH 75 PERCENT COVERAGE.	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.3162, was amended during the 2019 legislative session: (b) A Medicare supplement plan with 75 percent coverage must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.
62A.3163 MEDICARE SUPPLEMENT PLAN WITH 50 PERCENT PART A DEDUCTIBLE COVERAGE.	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.3163, was amended during the 2019 legislative session: (b) A Medicare supplement plan with 50 percent Part A deductible coverage must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.

62A.3164 MEDICARE SUPPLEMENT PLAN WITH $20 AND $50 CO-PAYMENT MEDICARE PART B COVERAGE	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.3164, was amended during the 2019 legislative session: (b) A Medicare supplement plan with $20 and $50 co-payment Medicare Part B coverage must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual. No portion of the co-payment referenced in this paragraph may be applied to a Medicare Part B deductible.	☐	See Form _____, Page _____.
62A.3165 MEDICARE SUPPLEMENT PLAN WITH HIGH DEDUCTIBLE COVERAGE.	All statutory requirements apply. Note: Minnesota Statutes 2018, section 62A.3165, was amended during the 2019 legislative session: (b) A Medicare supplement plan with high deductible coverage must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare Part B deductible to a newly eligible individual.	☐	See Form _____, Page _____.
62Q.471 EXCLUSION FOR SUICIDE ATTEMPTS PROHIBITED.	All statutory requirements apply.	☐	See Form _____, Page _____.
62Q.535 COVERAGE FOR COURT-ORDERED MENTAL HEALTH SERVICES.	Subd. 2. Coverage required. (a) All health plan companies that provide coverage for mental health services must cover or provide mental health services ordered by a court of competent jurisdiction under a court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or a doctoral level licensed	☐	See Form _____, Page _____.

	psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. The health plan company must be given a copy of the court order and the behavioral care evaluation. The health plan company shall be financially liable for the evaluation if performed by a participating provider of the health plan company and shall be financially liable for the care included in the court-ordered individual treatment plan if the care is covered by the health plan and ordered to be provided by a participating provider or another provider as required by rule or law. This court-ordered coverage must not be subject to a separate medical necessity determination by a health plan company under its utilization procedures.		
62Q.535 COVERAGE FOR COURT-ORDERED MENTAL HEALTH SERVICES.	Subd. 2. Coverage required. (b) A party or interested person, including a health plan company or its designee, may make a motion for modification of the court-ordered plan of care pursuant to the applicable rules of procedure for modification of the court's order. The motion may include a request for a new behavioral care evaluation according to this section.	☐	See Form _____, Page _____.

Outline of Coverage	Description	Check the box to confirm	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
62A.31 **MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.**	Subd, 1e.	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	No individual Medicare supplement plan shall be delivered or issued in this state and no certificate shall be delivered under a group Medicare supplement plan delivered or issued in this state unless the plan is shown on the cover page and an outline containing at least the following information in no less than 12-point type is delivered to the applicant at the time the application is made.	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	(a) A description of the principal benefits and coverage provided in the policy;	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	(b) A statement of the exceptions, reductions, and limitations contained in the policy including the following language, as applicable, in bold print: "**THIS POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY**.";	☐	See Form _____, Page _____.

62A.39 DISCLOSURE.	(c) A statement of the renewal provisions including any reservations by the insurer of a right to change premiums. The premium and manner of payment shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated;	☐	See Form _____, Page _____.
62A.39 DISCLOSURE.	(d) Read your policy or certificate very carefully. A statement that the outline of coverage is a summary of the policy issued or applied for and that the policy should be consulted to determine governing contractual provisions. Additionally, it does not give all the details of Medicare coverage. Contact your local Social Security office or consult the Medicare handbook for more details;	☐	See Form _____, Page _____.
62A.39 DISCLOSURE.	(e) A statement of the policy's loss ratio as follows: "This policy provides an anticipated loss ratio of (..%). This means that, on the average, policyholders may expect that ($....) of every $100.00 in premium will be returned as benefits to policyholders over the life of the contract.";	☐	See Form _____, Page _____.
62A.39 DISCLOSURE.	(f) When the outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis that would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany the policy or certificate when it is delivered and contain the following statement, in no less than 12-point type, immediately above the	☐	See Form _____, Page _____.

	company name: "NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application, and the coverage originally applied for has not been issued.";		
62A.39 **DISCLOSURE.**	(g) Right to return policy or certificate. "If you find that you are not satisfied with your policy or certificate for any reason, you may return it to (insert issuer's address). If you send the policy or certificate back to us within 30 days after you receive it, we will treat the policy or certificate as if it had never been issued and return all of your payments within ten days.";	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	(h) Policy or certificate replacement. "If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy or certificate and are sure you want to keep it.";	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	(i) Notice. "This policy or certificate may not fully cover all of your medical costs." A. (for agents:) "Neither (insert company's name) nor its agents are connected with Medicare." B. (for direct response:) "(insert company's name) is not connected with Medicare."	☐	See Form _____, Page _____.
62A.39 **DISCLOSURE.**	(j) Notice regarding policies or certificates which are not Medicare supplement policies. Any accident and sickness insurance policy or certificate, other than a Medicare supplement policy, or a policy or	☐	See Form _____, Page _____.

	certificate issued pursuant to a contract under the federal Social Security Act, section 1833 or 1876 (United States Code, title 42, section 1395, et seq.), disability income policy; or other policy, issued for delivery in this state to persons eligible for Medicare shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy or certificate delivered to insureds. The notice shall be in no less than 12-point type and shall contain the following language: "THIS (POLICY OR CERTIFICATE) IS NOT A MEDICARE SUPPLEMENT (POLICY OR CONTRACT). If you are eligible for Medicare, review the "Guide to Health Insurance for People with Medicare" available from the company."		
62A.39 **DISCLOSURE.**	(k) Complete answers are very important. "When you fill out the application for the new policy or certificate, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy or certificate and refuse to pay any claims if you leave out or falsify important medical information." If the policy or certificate is guaranteed issue, this paragraph need not appear. "Review the application carefully before you sign it. Be certain that all information has been properly recorded." Include for each plan, prominently identified in the cover page, a chart showing the services, Medicare payments,	☐	See Form _____, Page _____.

	plan payments, and insured payments for each plan, using the same language, in the same order, using uniform layout and format. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the insurer.		
Requirements for plans with Prescription Drug coverage.	**Description**	**Check the box to confirm**	**Identify the page/paragraph in the filing that satisfies the statutory requirement.** **(Note: If there is no language found within in the forms, explain why in the box below.)**
62A.307 PRESCRIPTION DRUGS; EQUAL TREATMENT OF PRESCRIBERS.		☐	See Form _____, Page _____.
62A.3093 COVERAGE FOR DIABETES.	Subd. 2.Medicare Part D exception.	☐	See Form _____, Page _____.
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1s.Prescription drug coverage. Subd. 1k.Guaranteed renewability. (e)	☐	See Form _____, Page _____.
Rates	**Description**	**Check the box to confirm**	**Comments**
62A.02 POLICY FORMS.	Subd. 3.Standards for disapproval.	☐	
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1k.Guaranteed renewability. The policy must guarantee renewability.	☐	

62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1q.Marketing procedures.	☐	
62A.31 MEDICARE SUPPLEMENT BENEFITS; MINIMUM STANDARDS.	Subd. 1r.Community rate.	☐	
62A.36 LOSS RATIO STANDARDS.	Subdivision 1.Loss ratio standards and refund provisions.	☐	
72A.20 METHODS, ACTS, AND PRACTICES WHICH ARE DEFINED AS UNFAIR OR DECEPTIVE.	Subd. 32.Unfair health risk avoidance.	☐	
62A.021 HEALTH CARE POLICY RATES.	Subdivision 1.Loss ratio standards.	☐	

Medicare Select Policies and Certificates

This section applies to Medicare select policies and certificates. "Medicare select policy" or "Medicare select certificate" means a Medicare supplement policy or certificate that contains restricted network provisions.

Medicare Select	Description	Check the box to confirm	Identify the page/paragraph in the filing that satisfies the statutory requirement. (Note: If there is no language found within in the forms, explain why in the box below.)
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subdivision 1.Applicability and advertising limitation. (a) & (b)	☐	See Form _____, Page _____.
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subd. 2.Definitions.	☐	See Form _____, Page _____.

62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 3.Review by commissioner.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 4.Approval; plan of operation.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 5.Contents of plan of operation	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 6.Filing of proposed changes; deemed approval.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 7.Nonnetwork providers; limits on coverage restrictions.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 8.Full payment; services not available in network.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 9.Required disclosures.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 10.Proof of disclosure.	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 11.Grievance procedures	☐	See Form _____, Page _____.
62A.318 **MEDICARE SELECT POLICIES AND CERTIFICATES**	Subd. 12.Offer of alternative product required.	☐	See Form _____, Page _____.

62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subd. 13.Right to replace with nonnetwork coverage. (a) & (b)	☐	See Form _____, Page _____.
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subd. 14.Continuation of coverage under certain circumstances. (a) through (c)	☐	See Form _____, Page _____.
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subd. 16.Regulation by Commerce Department.	☐	See Form _____, Page _____.
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Subd. 17.Types of plans. (a) Medicare select policies and certificates offered by the issuer must provide the coverages specified in sections 62A.315 to 62A.3165. Before a Medicare select policy or certificate is sold or issued in this state, the applicant must be provided with an explanation of coverage for each of the coverages specified in sections 62A.315 to 62A.3165 and must be provided with the opportunity of purchasing such coverage if offered by the issuer. The basic plan may also include any of the optional benefit riders authorized by section 62A.316. Preventive care provided by Medicare select policies or certificates must be provided as set forth in section 62A.315 or 62A.316, except that the benefits are as defined in chapter 62D.	☐	See Form _____, Page _____.
62A.318 MEDICARE SELECT POLICIES AND CERTIFICATES	Note: Minnesota Statutes 2018, section 62A.318, was amended in the 2019 legislative session by adding a clause: (b) Medicare select policies and certificates must provide the benefits contained in this section, but must not provide coverage for 100 percent or any portion of the Medicare	☐	See Form _____, Page _____.

	Part B deductible to a newly eligible individual.		