

**62E.07 QUALIFIED MEDICARE SUPPLEMENT PLAN.**

(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. 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.

**History:** 1976 c 296 art 1 s 7; 1989 c 258 s 12; 1992 c 554 art 1 s 14; 2019 c 26 art 5 s 12

**NOTE:** The amendment to this section by Laws 2019, chapter 26, article 5, section 12, regarding coverage requirements applies to Medicare supplemental policies or certificates sold or issued on or after January 1, 2020, to a newly eligible individual. Laws 2019, chapter 26, article 5, section 13.