

### **304.14-510 Minimum standards regulations.**

The commissioner may make reasonable rules and regulations establishing minimum standards for Medicare supplement insurance policies delivered or issued for delivery in the state. Such regulations may cover but are not limited to:

- (1) Establishing specific standards for policy provisions;
- (2) Prohibiting policy provisions which in the opinion of the commissioner are unjust, unfair, or unfairly discriminatory to any person insured or proposed for coverage under a Medicare supplement policy;
- (3) Establishing minimum standards for benefits under Medicare supplement policies;
- (4) Prescribing the format and content of the outline of coverage required by KRS 304.14-540. For purposes of this section, "format" means style, arrangements, and overall appearance, including such items as the size, color, and prominence of type and the arrangement of text and captions. Such outline of coverage shall include:
  - (a) A description of the principal benefits and coverage provided in the policy;
  - (b) A statement of the exceptions, reductions, and limitations contained in the policy;
  - (c) A statement of the renewal provisions, including any reservation by the insurer of a right to change premiums;
  - (d) 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.
- (5) Prescribing a standard form and the contents of an informational brochure for persons eligible for Medicare which is intended to improve the buyer's ability to select the most appropriate coverage and improve the buyer's understanding of Medicare. Except in the case of direct response insurance policies, the commissioner may require by regulation that the information brochure be provided to any prospective insureds eligible for Medicare concurrently with delivery of the outline of coverage. With respect to direct response insurance policies, the commissioner may require by regulation that the prescribed brochure be provided upon request to any prospective insureds eligible for Medicare, but in no event later than the time of policy delivery.
- (6) Establishing reasonable captions and notice requirements, determined to be in the public interest and designed to inform prospective insureds that particular insurance coverages are not Medicare supplement coverages, for all accident and sickness insurance policies sold to persons eligible for Medicare, other than:
  - (a) Medicare supplement policies; or
  - (b) Disability income policies.
- (7) Governing the full and fair disclosure of the information in connection with the replacement of accident and sickness policies, subscriber contracts, or certificates by persons eligible for Medicare.

**Effective:** July 15, 2010

**History:** Amended 2010 Ky. Acts ch. 24, sec. 1160, effective July 15, 2010. --

Amended 1996 Ky. Acts ch. 288, sec. 2, effective July 15, 1996. -- Amended 1994 Ky. Acts ch. 222, sec. 2, effective July 15, 1994. -- Created 1982 Ky. Acts ch. 37, sec. 1, effective February 26, 1982.