

Second Regular Session of the 123rd General Assembly (2024)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2023 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 215

AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

SECTION 1. IC 27-8-13-9, AS AMENDED BY P.L.227-2019, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 9. (a) A Medicare supplement policy, contract, or certificate in force in Indiana may not contain benefits that duplicate benefits provided by Medicare. However, a change in Medicare coverage that becomes effective after a Medicare supplement policy, contract, or certificate is in force in Indiana and that causes a duplication of benefits does not void the policy, contract, or certificate.

(b) The commissioner shall adopt rules under IC 4-22-2 to establish specific standards for policy provisions of Medicare supplement policies and certificates. Such standards shall be in addition to and in accordance with Indiana law. No requirement of IC 27 relating to minimum required policy benefits other than the minimum standards contained in this chapter apply to Medicare supplement policies and certificates. The standards may cover, but are not limited to:

- (1) terms of renewability;
- (2) initial and subsequent conditions of eligibility;
- (3) nonduplication of coverage;
- (4) probationary periods;
- (5) benefit limitations, exceptions, and reductions;
- (6) elimination periods;
- (7) requirements for replacement;
- (8) recurrent conditions; and

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(9) definitions of terms.

(c) The commissioner may adopt rules under IC 4-22-2 that specify prohibited policy provisions not specifically authorized by statute that, in the opinion of the commissioner, are unjust, unfair, or unfairly discriminatory to a person insured or proposed to be insured under a Medicare supplement policy or certificate.

(d) Notwithstanding any other law, a Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six (6) months after the effective date of the policy because the loss involves a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six (6) months before the effective date of coverage.

(e) After June 30, 2020, an issuer that makes a Medicare supplement policy or certificate available to a person who is at least sixty-five (65) years of age and eligible for Medicare benefits as described in 42 U.S.C. 1395c(1) shall make at least one (1) Medicare supplement policy or certificate that meets the requirements of section 9.5 of this chapter available to an individual who is eligible for and enrolled in Medicare by reason of disability as described in ~~42 U.S.C. 1395c(2)~~ **42 U.S.C. 426 and 42 U.S.C. 423. This subsection expires January 1, 2025.**

SECTION 2. IC 27-8-13-9.1 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: **Sec. 9.1. After December 31, 2024, an issuer that makes a Medicare supplement policy or certificate available to a person who is at least sixty-five (65) years of age and is eligible for Medicare benefits as described in 42 U.S.C. 1395c(1) shall make the equivalent Medicare supplement policy or certificate available to an individual who:**

- (1) is less than sixty-five (65) years of age; and**
- (2) is eligible for and enrolled in Medicare:**
 - (A) by reason of a disability as described in 42 U.S.C. 426(b) and defined in 42 U.S.C. 423(d); or**
 - (B) by reason of being medically determined to have end stage renal disease as described in 42 U.S.C. 426-1.**

SECTION 3. IC 27-8-13-9.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: **Sec. 9.2. (a) This section applies to an individual:**

- (1) who is less than sixty-five (65) years of age;**
- (2) who is eligible for and enrolled in Medicare:**



(A) by reason of a disability as described in 42 U.S.C. 426(b) and defined in 42 U.S.C. 423(d); or

(B) by reason of being medically determined to have end stage renal disease as described in 42 U.S.C. 426-1; and

(3) who applies for a Medicare supplement policy or certificate and either:

(A) submits the application before or during the six (6) month period beginning with the first day of the first month during which the applicant becomes enrolled for benefits under Medicare Part B without regard to age; or

(B) was enrolled for benefits under Medicare Part B without regard to age before January 1, 2025, and:

(i) submits the application for a Medicare supplement policy or certificate during the six (6) month period beginning January 1, 2025; or

(ii) is unable to submit an application for a Medicare supplement policy or certificate because an application is not yet available but makes a request for an application for a Medicare supplement policy or certificate during the six (6) month period beginning January 1, 2025.

(b) After December 31, 2024, the issuer of a Medicare supplement policy or certificate shall not:

(1) deny or condition the issuance or effectiveness of a Medicare supplement policy or certificate to which subsection (a)(3) applies because of the health status, claims experience, receipt of health care, or medical condition of an individual described in subsection (a);

(2) charge an individual described in subsection (a) a premium rate for a standardized Plan A, Plan B, or Plan D Medicare supplement policy or certificate to which subsection (a)(3) applies that exceeds the premium rate the issuer charges an individual who is sixty-five (65) years of age for the same Medicare supplement policy or certificate;

(3) charge an individual described in subsection (a) a premium rate for any standardized lettered Medicare supplement policy or certificate other than those specified in subdivision (2) to which subsection (a)(3) applies that exceeds two hundred percent (200%) of the premium rate the issuer charges an individual who is sixty-five (65) years of age for the same Medicare supplement policy or certificate; or

(4) issue to an individual described in subsection (a) a



Medicare supplement policy or certificate to which subsection (a)(3) applies that contains:

(A) a waiting period; or

(B) a preexisting condition limitation or exclusion.

SECTION 4. IC 27-8-13-9.5, AS AMENDED BY P.L.156-2020, SECTION 110, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2024]: Sec. 9.5. (a) This section applies:

(1) after June 30, 2020; and

(2) to a Medicare supplement policy or certificate made available under section 9(e) of this chapter to an individual who is eligible for and enrolled in Medicare by reason of disability as described in 42 U.S.C. 1395c(2).

(b) A Medicare supplement policy or certificate described in subsection (a) must meet the following requirements:

(1) Except as provided in this section, meet all requirements of this chapter that apply to a Medicare supplement policy or certificate made available to a person who is at least sixty-five (65) years of age and eligible for Medicare as described in 42 U.S.C. 1395c(1).

(2) Be standardized as Plan A by the federal Centers for Medicare and Medicaid Services.

(c) An individual may enroll in a Medicare supplement policy or certificate under this section as follows:

(1) At any time the individual is authorized or required to enroll under federal law.

(2) Either:

(A) on July 1, 2020; or

(B) six (6) months after enrolling in Medicare Part B;

whichever is later.

(3) Within six (6) months after receiving notice that the individual has been retroactively enrolled in Medicare Part B due to a retroactive eligibility decision under 42 U.S.C. 1395.

(4) Within six (6) months after experiencing a qualifying event under 42 U.S.C. 1395.

(d) Notwithstanding any other law, an issuer or another entity may provide to an insurance producer or another agent of the issuer or other entity a commission or other compensation of not more than two percent (2%) of the premium for the sale of a Medicare supplement policy or certificate described in subsection (a).

(e) This section expires January 1, 2025.



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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