

**20:06:12:07. Guidelines for examination reports.** The insurer's examination report shall be prepared in accordance with standards adopted by the National Association of Insurance Commissioners in the Financial Condition Examiners Handbook, ~~2020~~ 2021 edition.

**Source:** 21 SDR 144, effective February 19, 1995; 23 SDR 43, effective October 1, 1996; 23 SDR 202, effective June 1, 1997; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 54, effective December 4, 2000; 29 SDR 84, effective December 15, 2002; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-3-11, 58-3-26.

**Law Implemented:** SDCL 58-3-11.

**Reference:** Financial Condition Examiners Handbook, ~~2020~~ 2021 edition, National Association of Insurance Commissioners. Copies may be obtained from the NAIC, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>. Cost: ~~\$295~~ \$310.

DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE POLICIES  
PLANS A THROUGH N

Chapter 20:06:13

APPENDIX D

SEE: § 20:06:13:36

**Source:** 18 SDR 225, effective July 17, 1992; 23 SDR 236, effective July 13, 1997; 25 SDR 44, effective September 30, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 53, effective December 4, 2000; 31 SDR 214, effective July 6, 2005; 35 SDR 83, effective February 2, 2009; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 39 SDR 10, effective August 1, 2012; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 44 SDR 184, effective June 25, 2018; 46 SDR 147, effective July 2, 2020.

**APPENDIX D**

[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page:

Benefit Plan(s)	[insert letter(s) of plan(s) being offered]
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These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan A. Some plans may not be available in your state.

See Outlines of Coverage sections for details about ALL plans.

**Basic Benefits:**

**Hospitalization** -- Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

**Medical Expenses** -- Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

**Blood** -- First three pints of blood each year.

**Hospice** -- Part A coinsurance.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>	<b>F*</b>	<b>G</b>
Basic, including 100% Part B coinsurance	Basic, Including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*	Basic, including 100% Part B coinsurance
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible	Part B Deductible	Part B Deductible
				Part B Excess (100%)	Part B Excess (100%)	Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Coinsurance 50% Part A Deductible	75% Skilled Nursing Facility Coinsurance 75% Part A Deductible	Skilled Nursing Facility Coinsurance 50% Part A Deductible	Skilled Nursing Facility Coinsurance Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$ <del>5,880</del> <u>6,220</u> ; paid at 100% after limit reached	Out-of-pocket limit \$ <del>2,940</del> <u>3,110</u> ; paid at 100% after limit reached		

\* Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ~~\$2,340~~ \$2,370 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed ~~\$2,340~~ \$2,370. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**PREMIUM INFORMATION** [Boldface Type]

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this State. [If the premium is based on the increasing age of the insured, include information specifying when premiums will change.]

**READ YOUR POLICY VERY CAREFULLY** [Boldface Type]

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**RIGHT TO RETURN POLICY** [Boldface Type]

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

**POLICY REPLACEMENT** [Boldface Type]

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**NOTICE** [Boldface Type]

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

**COMPLETE ANSWERS ARE VERY IMPORTANT** [Boldface Type]

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy 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 as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this chapter. An issuer may use additional benefit plan designations on these charts pursuant to § 20:06:13:17.05.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the director.]

## Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in [2020 2021] <sup>2</sup>					[\$5,880 \$6,220] <sup>2</sup>	[\$2,940 \$3,110] <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of [\$2,340 \$2,370] before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

**PLAN A**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day  All but \$[704 742] a day  \$0 \$0	\$0 \$[ <del>352</del> 371] a day  \$[704 742] a day  100% of Medicare eligible expenses \$0	\$[ <del>1,408</del> 1,484] (Part A deductible) \$0  \$0  \$0**  All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare- approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>476</del> 185.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[ <del>476</del> 185.50] a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.



**PLAN A**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~498~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$[ <del>498</del> 203] (Part B deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0  80%	All costs \$0  20%	\$0 \$[ <del>498</del> 203] (Part B deductible)  \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies ---Durable medical equipment First \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0  80%	\$0  \$0  20%	\$0  \$[ <del>498</del> 203] (Part B deductible)  \$0

**PLAN B**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day  All but \$[ <del>704</del> 742] a day  \$0  \$0	\$[ <del>1,408</del> 1,484] (Part A deductible) \$[ <del>352</del> 371] a day  \$[ <del>704</del> 742] a day  100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>176</del> 185.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[ <del>176</del> 185.50] a day All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\* **NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**PLAN B**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[498 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[498 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$[498 203] (Part B deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[498 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[498 203] (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies ---Durable medical equipment First \$[498 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[498 203] (Part B deductible) \$0

**PLAN C**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day  All but \$[ <del>704</del> 742] a day  \$0  \$0	\$[ <del>1,408</del> 1,484] (Part A deductible) \$[ <del>352</del> 371] a day  \$[ <del>704</del> 742] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>176</del> 185.50] a day \$0	\$0 Up to \$[ <del>176</del> 185.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**PLAN C**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally 80%	\$[ <del>198</del> 203] (Part B deductible) Generally 20%	\$0 \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$[ <del>198</del> 203] (Part B deductible) 20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies ---Durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$[ <del>198</del> 203] (Part B deductible) 20%	\$0 \$0 \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 life-time maximum

**PLAN D**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day  All but \$[ <del>704</del> 742] a day  \$0  \$0	\$[ <del>1,408</del> 1,484] (Part A deductible) \$[ <del>352</del> 371] a day  \$[ <del>704</del> 742] a day  100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>176</del> 185.50] a day \$0	\$0 Up to \$[ <del>176</del> 185.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**PLAN D**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$[ <del>198</del> 203] (Part B deductible)  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[ <del>198</del> 203] (Part B deductible) \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES ---Medically necessary skilled care services and medical supplies ---Durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[ <del>198</del> 203] (Part B deductible) \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 life-time maximum

**PLAN F or HIGH DEDUCTIBLE PLAN F**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\*\*This high deductible plan pays the same benefits as Plan F after you have paid a calendar year \$[~~2,340~~ 2,370] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$[~~2,340~~ 2,370]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> <u>2,370</u> ] DEDUCTIBLE,** PLAN PAYS]	[IN ADDITION TO \$[ <del>2,340</del> <u>2,370</u> ] DEDUCTIBLE,** YOU PAY]
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but \$[ <del>1,408</del> <u>1,484</u> ] All but \$[ <del>352</del> <u>371</u> ] a day  All but \$[ <del>704</del> <u>742</u> ] a day  \$0  \$0	\$[ <del>1,408</del> <u>1,484</u> ] (Part A deductible) \$[ <del>352</del> <u>371</u> ] a day  \$[ <del>704</del> <u>742</u> ] a day  100% of Medicare eligible expenses \$0	\$0 \$0  \$0  \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>176</del> <u>185.50</u> ] a day \$0	\$0 Up to \$[ <del>176</del> <u>185.50</u> ] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.



**PLAN F or HIGH DEDUCTIBLE PLAN F**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

\*\*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[~~2,340~~ 2,370] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are \$[~~2,340~~ 2,370]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> 2,370] DEDUCTIBLE,** PLAN PAYS]	[IN ADDITION TO \$[ <del>2,340</del> 2,370] DEDUCTIBLE,** YOU PAY]
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$[ <del>198</del> 203] (Part B deductible)  Generally 20%	\$0  \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	\$0
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$[ <del>198</del> 203] (Part B deductible)  20%	\$0 \$0 \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies ---Durable medical equipment ---First \$[ <del>198</del> 203] amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$[ <del>198</del> 203] (Part B deductible)  20%	\$0  \$0 \$0

(continued)

**PLAN F or HIGH DEDUCTIBLE PLAN F (continued)**

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$ <del>2,340</del> 2,370] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$ <del>2,340</del> 2,370] DEDUCTIBLE,**] YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 life-time maximum

**PLAN G or HIGH DEDUCTIBLE PLAN G**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year [~~\$2,340~~ \$2,370] deductible.

Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are [~~\$2,340~~ \$2,370]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.]

SERVICES	MEDICARE PAYS	[AFTER YOU PAY <del>[\$2,340 2,370]</del> DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO <del>[\$2,340 2,370]</del> DEDUCTIBLE,**] YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but <del>[\$1,408 1,484]</del> All but <del>[\$352 371]</del> a day  All but <del>[\$704 742]</del> a day  \$0  \$0	<del>[\$1,408 1,484]</del> (Part A deductible) <del>[\$352 371]</del> a day  <del>[\$704 742]</del> a day  100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>th</sup> day and after	All approved amounts All but <del>[\$476 185.50]</del> a day \$0	\$0 Up to <del>[\$476 185.50]</del> a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**\*\*NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**PLAN G or HIGH DEDUCTIBLE PLAN G**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~498~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

[\*\*This high deductible plan pays the same benefits as Plan G after you have paid a calendar year \$[~~2,340~~ 2,370] deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are \$[~~2,340~~ 2,370]. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.]

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$[ <del>498</del> 203] (Unless Part B deductible has been met) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	100%	0%
<b>BLOOD</b> First 3 pints Next \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$[ <del>498</del> 203] (Unless Part B deductible has been met) \$0
<b>CLINICAL LABORATORY SERVICES --TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> ---Medically necessary skilled care services and medical supplies ---Durable medical equipment First \$[ <del>498</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[ <del>498</del> 203] (Unless Part B deductible has been met) \$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	[AFTER YOU PAY \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] PLAN PAYS	[IN ADDITION TO \$[ <del>2,340</del> 2,370] DEDUCTIBLE,**] YOU PAY
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 life-time maximum

**PLAN K**

\*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$[5,880 6,220] each calendar year. The amounts that count toward your annual limit are noted with diamonds(♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for that item or service.**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[1,408 1,484] All but \$[352 371] a day All but \$[704 742] a day \$0 \$0	\$[704 742] (50% of Part A deductible) \$[352 371] a day \$[704 742] a day 100% of Medicare eligible expenses \$0	\$[704 742] (50% of Part A deductible)♦ \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[476 185.50] a day \$0	\$0 Up to \$[88 92.75] a day (50% of Part A coinsurance) \$0	\$0 Up to \$[88 92.75] a day (50% of Part A coinsurance)♦ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	50% \$0	50%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of coinsurance/copayment	50% of Medicare copayment/coinsurance♦

\*\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.

**PLAN K**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*\*\*\*Once you have been billed \$[498 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES -</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[498 203] of Medicare approved amounts**** Preventative Benefits for Medicare covered services Remainder of Medicare approved amounts	\$0  Generally 80% or more of Medicare approved amounts Generally 80%	\$0  Remainder of Medicare approved amounts Generally 10%	\$[498 203] (Part B deductible)****  All costs above Medicare approved amounts Generally 10%
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	0%	All costs (and they do not count toward annual out-of-pocket limit of \$[5,880 6,220])*
<b>BLOOD</b> First 3 pints Next \$[498 203] of Medicare approved amounts**** Remainder of Medicare approved amounts	\$0 \$0  Generally 80%	50% \$0  Generally 10%	\$50% \$[498 203] (Part B deductible)****  Generally 10%
<b>CLINICAL LABORATORY            SERVICES</b> --TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[5,880 6,220] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[498 203] of Medicare approved amounts **** Remainder of Medicare approved amounts	100%  \$0  80%	\$0  \$0  10%	\$0  \$[498 203] (Part B deductible) 10%

\*\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

**PLAN L**

\*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of \$~~2,940~~ 3,110 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for that item or service.**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>HOSPITALIZATION**</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$ <del>1,408</del> <u>1,484</u> All but \$ <del>352</del> <u>371</u> a day All but \$ <del>704</del> <u>742</u> a day \$0 \$0	\$ <del>1,056</del> <u>1,113</u> (75% of Part A deductible) \$ <del>352</del> <u>371</u> a day \$ <del>704</del> <u>742</u> a day 100% of Medicare eligible expenses \$0	\$ <del>352</del> <u>371</u> (25% of Part A deductible)♦ \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE**</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$ <del>176</del> <u>185.50</u> a day \$0	\$0 Up to \$ <del>132</del> <u>139.13</u> a day (75% of Part A Coinsurance) \$0	\$0 Up to \$ <del>44</del> <u>46.38</u> a day (25% of Part A Coinsurance)♦ All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	75% \$0	25%♦ \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance	25% of copayment/coinsurance ♦

\*\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance on any difference between its billed charges and the amount Medicare would have paid.



**PLAN L**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*\*\*\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts**** Preventative Benefits for Medicare covered services Remainder of Medicare approved amounts	\$0  Generally 80% or more of Medicare approved amounts Generally 80%	\$0  Remainder of Medicare approved amounts Generally 15%	\$[ <del>198</del> 203] (Part B deductible)**** All costs above Medicare approved amounts Generally 5% ♦
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs (and they do not count toward annual out-of-pocket limit of \$[ <del>2,940</del> 3,110])*
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts**** Remainder of Medicare approved amounts	\$0 \$0  Generally 80%	75% \$0  Generally 15%	\$25% \$[ <del>198</del> 203] (Part B deductible)**** Generally 5% ♦
<b>CLINICAL LABORATORY SERVICES</b> --TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

\*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to \$[~~2,940~~ 3,110] per year. **However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.**

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts **** Remainder of Medicare approved amounts	100%  \$0  80%	\$0  \$0  15%	\$0  \$[ <del>198</del> 203] (Part B deductible) 5% ♦

\*\*\*\*Medicare benefits are subject to change. Please consult the latest *Guide to Health Insurance for People with Medicare*.

**PLAN M**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day All but \$[704 742] a day \$0 \$0	\$[704 742] (50% of Part A deductible) \$[ <del>352</del> 371] a day \$[704 742] a day 100% of Medicare eligible expenses \$0	\$[704 742] (50% of Part A deductible) \$0 \$0 \$0*** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[476 185.50] a day \$0	\$0 Up to \$[476 185.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\*NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN M**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 Generally 80%	\$0 Generally 20%	\$[ <del>198</del> 203] (Part B deductible) \$0
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0% \$[ <del>198</del> 203] (Part B deductible) 0%
<b>CLINICAL LABORATORY SERVICES</b> --TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> MEDICARE APPROVED SERVICES --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts * Remainder of Medicare approved amounts	100% \$0 80%	\$0 \$0 20%	\$0 \$[ <del>198</del> 203] (Part B deductible) \$0

**OTHER BENEFITS -- NOT COVERED BY MEDICARE**

<b>FOREIGN TRAVEL</b> NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% and amounts over the \$50,000 lifetime maximum
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**PLAN N**

**MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

\*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 <sup>st</sup> thru 90 <sup>th</sup> day 91 <sup>st</sup> day and after: --While using 60 lifetime reserve days --Once lifetime reserve days are used: --Additional 365 days --Beyond the additional 365 days	All but \$[ <del>1,408</del> 1,484] All but \$[ <del>352</del> 371] a day All but \$[ <del>704</del> 742] a day \$0 \$0	\$[ <del>1,408</del> 1,484] (Part A deductible) \$[ <del>352</del> 371] a day \$[ <del>704</del> 742] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital First 20 days 21 <sup>st</sup> thru 100 <sup>th</sup> day 101 <sup>st</sup> day and after	All approved amounts All but \$[ <del>176</del> 185.50] a day \$0	\$0 Up to \$[ <del>176</del> 185.50] a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including, a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

\*\***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's Core Benefits. During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN N**

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$[~~198~~ 203] of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense	\$[ <del>198</del> 203] (Part B deductible)  Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
<b>Part B Excess Charges</b> (Above Medicare Approved Amounts)	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0% \$[ <del>198</del> 203] (Part B deductible) 0%
<b>CLINICAL LABORATORY SERVICES</b> --TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
<b>HOME HEALTH CARE</b> <b>MEDICARE APPROVED SERVICES</b> --Medically necessary skilled care services and medical supplies --Durable medical equipment First \$[ <del>198</del> 203] of Medicare approved amounts* Remainder of Medicare approved amounts	100%  \$0 80%	\$0  \$0 20%	\$0  \$[ <del>198</del> 203] (Part B deductible) \$0

**OTHER BENEFITS -- NOT COVERED BY MEDICARE**

<p><b>FOREIGN TRAVEL</b>  <b>NOT COVERED BY MEDICARE</b>          Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA          First \$250 each calendar year          Remainder of charges</p>	<p>\$0          \$0</p>	<p>\$0          80% to a lifetime maximum benefit of \$50,000</p>	<p>\$250          20% and amounts over the \$50,000 lifetime maximum</p>
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**20:06:19:04. Accounting standards for transactions in exchange-traded call and put options.** An insurance company that buys or sells exchange-traded call and put options must record the details of the transactions in a manner consistent with NAIC rules and procedures contained in the ~~2019~~ 2020 edition of the **Annual Statement Instructions – Life, Accident, and Health**, the 2020 edition of the **Annual Statement Instructions – Property and Casualty**, the ~~2020~~ 2021 edition of the **Financial Condition Examiners Handbook**, the ~~2020~~ 2021 edition of the **Accounting Practices and Procedures Manual**, and the ~~2019~~ 2020 edition of the **Purposes and Procedures Manual of the NAIC Investment Analysis Office**.

**Source:** 13 SDR 75, effective December 21, 1986; 22 SDR 110, effective March 1, 1996; 23 SDR 43, effective October 1, 1996; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 54, effective December 4, 2000; 27 SDR 111, effective May 7, 2001; 30 SDR 39, effective September 28, 2003; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-27-7.

**Law Implemented:** SDCL ~~58-27-7~~ 58-6-75.

**References:**

1. **Annual Statement Instructions - Life, Accident and Health**, ~~2019~~ 2020 edition, National Association of Insurance Commissioners. Cost: \$250.
2. **Annual Statement Instructions - Property and Casualty**, ~~2019~~ 2020 edition, National Association of Insurance Commissioners. Cost: \$250.
3. **Accounting Practices and Procedures Manual**, ~~2020~~ 2021 edition, National Association of Insurance Commissioners. Cost: ~~Hard Copy, \$465~~ \$550.
4. **Financial Condition Examiners Handbook**, ~~2020~~ 2021 edition, National Association of Insurance Commissioners. Cost: ~~\$295~~ \$310.
5. **Purposes and Procedures Manual of the NAIC Investment Analysis Office**, ~~2019~~ 2020 edition, National Association of Insurance Commissioners. Cost: \$75 Subscription, \$85; Digital Copy, \$500; Print and Digital Copies, \$600 plus freight.

Copies of references 1 through 5 may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>.

**20:06:25:01. Annual statements.** The insurer's annual statement shall be filed in accordance with the standards adopted by the National Association of Insurance Commissioners in the ~~2020~~ 2021 ~~editions~~ edition of the **Accounting Practices and Procedures Manual**, and the ~~2019~~ 2020 editions of the following Annual Statement Instructions manuals ~~for:~~ **Life, Accident, and Health;** **Property and Casualty;** **Health;** and **Title.**

**Source:** 21 SDR 144, effective February 19, 1995; 22 SDR 110, effective March 1, 1996; 23 SDR 202, effective June 1, 1997; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 54, effective December 4, 2000; 27 SDR 111, effective May 7, 2001; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR



59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-6-75.

**Law Implemented:** SDCL 58-6-75.

**References:**

1. **Annual Statement Instructions - Life, Accident, and Health**, ~~2019~~ 2020 edition.

Cost: \$250.

2. **Annual Statement Instructions - Property and Casualty**, ~~2019~~ 2020 edition. Cost:

\$250.

3. **Annual Statement Instructions - Health**, ~~2019~~ 2020 edition. Cost: \$250.

4. **Annual Statement Instructions - Title**, ~~2019~~ 2020 edition. Cost: \$250.

5. **Accounting Practices and Procedures Manual**, ~~2020~~ 2021. Cost: ~~Hard Copy, \$465~~

\$550.

Copies of references 1 through 5 may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>.

**20:06:25:01.01. Accounting methods for certain surety bonds.** Insurers writing surety bonds guaranteeing to lending institutions the repayment of student loans made by lending institutions may, in lieu of compliance with SSAP60 of the **Accounting Practices and**

**Procedures Manual**, develop premium earning patterns that are representative of their claims and expense patterns by loan and program, and compute unearned premium reserves according to those premium earning patterns. In lieu of compliance with SSAP3 of the **Accounting Practices and Procedures Manual**, changes in accounting estimates, for this method of accounting only, may be amortized over the remaining life of the student loans utilizing pro-rated current premium earning patterns. In lieu of compliance with SSAP53 of the **Accounting Practices and Procedures Manual**, such insurers may recognize written premiums when due.

**Source:** 27 SDR 111, effective May 7, 2001; 29 SDR 5, effective July 10, 2002; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-6-75.

**Law Implemented:** SDCL 58-6-75.

**Reference:** **Accounting Practices and Procedures Manual**, 2020 2021 edition. Copies may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>. Cost: ~~Hard Copy, \$465~~ \$550.

**20:06:25:01.02. Accounting methods for bail bonds.** Insurers writing bail bonds may, in lieu of compliance with SSAP 53 of the **Accounting Practices and Procedures Manual**,

report bail bond written premiums less agent commissions and may recognize total premiums as earned on the effective date of the bonds. Insurers reporting premiums on this method must file a supplemental Schedule T with their annual statement setting forth the gross premiums by state for premium tax purposes.

**Source:** 29 SDR 5, effective July 10, 2002; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-6-75.

**Law Implemented:** SDCL 58-6-75.

**Reference:** **Accounting Practices and Procedures Manual**, ~~2020~~ 2021 edition. Copies may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>. Cost: ~~Hard Copy, \$465~~ \$550.

**20:06:25:02. Actuarial opinions.** Actuarial opinions shall be filed in accordance with standards adopted by the National Association of Insurance Commissioners in the manuals on **Annual Statement Instructions - Life, Accident, and Health**, ~~2019~~ 2020 edition and **Annual Statement Instructions - Property and Casualty**, ~~2019~~ 2020 edition.

**Source:** 21 SDR 144, effective February 19, 1995; 22 SDR 110, effective March 1, 1996; 23 SDR 202, effective June 1, 1997; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective

September 1, 1999; 27 SDR 54, effective December 4, 2000; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-26-13.1, 58-26-46.

**Law Implemented:** SDCL 58-26-13.1, 58-26-46.

**References:**

1. **Annual Statement Instructions - Life, Accident, and Health, 2019 2020 edition.**

Cost: \$250.

2. **Annual Statement Instructions - Property and Casualty, 2019 2020 edition.** Cost: \$250.

Copies of references 1 and 2 may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>.

**20:06:26:01. Standards for rating and valuation of investments.** The standards of the division for purposes of rating and valuing investments are the standards set forth in the **Purposes and Procedures Manual of the NAIC Investment Analysis Office of the National Association of Insurance Commissioners, 2019 2020 edition.**

**Source:** 21 SDR 144, effective February 19, 1995; 22 SDR 110, effective March 1, 1996; 23 SDR 202, effective June 1, 1997; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 54, effective December 4, 2000; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-27-108.

**Law Implemented:** SDCL 58-27-108.

**Reference:** **Purposes and Procedures Manual of the NAIC Investment Analysis Office of the National Association of Insurance Commissioners**, 2019 2020 edition, National Association of Insurance Commissioners. Copies may be obtained from the NAIC, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>. Cost: ~~\$75~~ Subscription, \$85; Digital Copy, \$500; Print and Digital Copies, \$600 plus freight.

**20:06:36:01. Definitions.** As used in this chapter:

(1) "Adjusted RBC report" means an RBC report which has been adjusted by the director in accordance with § 20:06:36:06;

(2) "Corrective order" means an order issued by the director specifying corrective actions which the director has determined are required;

(3) "Domestic insurer" means any insurance company domiciled in this state or any entity required to comply with RBC pursuant to SDCL 58-4-48;

(4) "Domestic health organization" means any health organization domiciled in this state;

(5) "Foreign insurer" means any insurance company ~~which~~ that is licensed to do business in this state but is not domiciled in this state;

(6) "Foreign health organization" means any health organization that is licensed to do business in this state, but is not domiciled in this state;

(7) "Health Organization" means any health maintenance organization, limited health service organization, dental or vision plan, hospital, medical and dental indemnity or service corporation or other managed care organization licensed under SDCL title 58. This definition does not include an organization that is licensed as either a life or health insurer or property and casualty insurer, and that is otherwise subject to either life or property and casualty RBC requirements;

(8) "NAIC" means the National Association of Insurance Commissioners;

(9) "Life or health insurer" means any insurance company licensed under SDCL title 58 to write life or health, or a property and casualty insurer licensed to do business in this state writing only accident and health insurance;

(10) "Property and casualty insurer" means any insurance company licensed under SDCL title 58 to do business in this state, but not monoline mortgage guaranty insurers, financial guaranty insurers, and title insurers;

(11) "Negative trend" means for a life or health insurer, a negative trend in the level of risk-based capital over a period of time;

(12) "RBC" means risk-based capital;

(13) "RBC instructions" means the ~~2019~~ 2020 **NAIC RBC Forecasting and Instructions-Life**, the ~~2019~~ 2020 **NAIC RBC Forecasting and Instructions-Property/Casualty**, and the ~~2019~~ 2020 **NAIC RBC Forecasting and Instructions-Health**;

(14) "RBC plan" means a comprehensive financial plan containing the elements specified in § 20:06:36:08. If the director rejects the RBC plan and it is revised by the insurer or health organization, with or without the director's recommendation, the plan is called the "revised RBC plan";

(15) "RBC report" means the report required in §§ 20:06:36:03 through 20:06:36:06;

(16) "Total adjusted capital" means the sum of an insurer's or health organization's statutory capital and surplus as determined in accordance with the statutory accounting applicable to the annual financial statements required to be filed under SDCL 58-6-75, and any other items required by the RBC instructions.

**Source:** 23 SDR 228, effective July 3, 1997; 25 SDR 13, effective August 9, 1998; 26 SDR 26, effective September 1, 1999; 27 SDR 54, effective December 4, 2000; 30 SDR 39, effective September 28, 2003; 31 SDR 21, effective August 23, 2004; 33 SDR 59, effective October 5, 2006; 34 SDR 271, effective May 6, 2008; 35 SDR 165, effective December 22, 2008; 36 SDR 209, effective July 1, 2010; 37 SDR 241, effective July 1, 2011; 38 SDR 219, effective June 25, 2012; 39 SDR 219, effective June 26, 2013; 41 SDR 41, effective September 17, 2014; 41 SDR 93, effective December 3, 2014; 42 SDR 52, effective October 13, 2015; 42 SDR 177, effective June 28, 2016; 43 SDR 181, effective July 7, 2017; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-4-48.

**Law Implemented:** SDCL 58-4-48.

**References:**

1. ~~2019~~ 2020 NAIC RBC Forecasting and Instructions-Life. Cost: ~~\$100~~ \$105.
2. ~~2019~~ 2020 NAIC RBC Forecasting and Instructions-Property/Casualty. Cost: ~~\$100~~ \$105.
3. ~~2019~~ 2020 NAIC RBC Forecasting and Instructions-Health. Cost: ~~\$100~~ \$105.

Copies of references 1 through 3 may be obtained from the National Association of Insurance Commissioners, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>.

**20:06:59:01. Valuation manual - operative date.** The valuation of reserve liabilities for life insurance contracts, annuity and pure endowment contracts, accident and health contracts, and deposit-type contracts shall be calculated in accordance with the standards set forth in the Valuation Manual of the National Association of Insurance Commissioners, ~~2020~~ 2021 edition. The operative date for the valuation manual is January 1, ~~2020~~ 2021.

**Source:** 43 SDR 80, effective December 5, 2016; 45 SDR 10, effective August 2, 2018; 46 SDR 26, effective September 4, 2019; 46 SDR 147, effective July 2, 2020.

**General Authority:** SDCL 58-26-45.1.

**Law Implemented:** SDCL 58-26-44.1(11), 58-26-45.1.

**Reference: Valuation Manual of the National Association of Insurance**

**Commissioners, ~~2020~~ 2021 edition, National Association of Insurance Commissioners. Copies may be obtained from the NAIC, 1100 Walnut Street, Ste. 1500, Kansas City, MO 64106-2197, (816) 783-8300; <http://www.naic.org>. Cost: \$0.**