



**STATE OF TENNESSEE**  
**DEPARTMENT OF COMMERCE AND INSURANCE**  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-5065  
615-741-6007

**BILL LEE**  
GOVERNOR

**HODGEN M. MAINDA**  
COMMISSIONER

**BULLETIN 19-02**

TO: All Medicare Supplement Carriers

FROM: Hodgen Mainda, Commissioner *Hm*

RE: Filing Requirements for Outlines of Coverage Forms updated to comply with MACRA

DATE: November 4, 2019

The purpose of this bulletin is to notify insurers offering Medigap policies of the filing requirements for Outlines of Coverage forms revised to comply with state adoptions of the Medicare Access and Chip Reauthorization Act (MACRA).

Specifically, this Bulletin provides guidance with respect to the one-page **Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020**.

Any insurer replacing the chart that is in its currently approved Outline of Coverage form with the chart revised to comply with MACRA, in the format below, may simply use the revised MACRA Outline of Coverage form without refileing the Outline of Coverage form for approval.

The form number of the previously approved Outline of Coverage form should remain unchanged. If any other changes to the previously approved form are made, the form must then be filed for review and approval.

**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. Every company must make Plan "A" available. 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%	✓	✓	✓	✓
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 [2019] <sup>2</sup>					[\$5560] <sup>2</sup>	[\$2780] <sup>2</sup>				

<sup>1</sup> Plans F and G also have a high deductible option, which require first paying a plan deductible of \$[2,300] 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 copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.