

The Florida Office of Insurance Regulation (Office) developed the following worksheet to assist companies in drafting and submitting a Medicare Supplement Outline of Coverage for review by the Office. The Office encourages, but does not require, the company to download, complete, scan, and upload this form as part of the form filing as it will expedite the review process. **The Office offers this worksheet as guidance only and it should not be considered a directive by the Office. The worksheet does not contain all of the requirements for Medicare Supplement filings, but instead incorporates guidance for point of law frequently overlooked in filings.**

MEDICARE SUPPLEMENT OUTLINE OF COVERAGE WORKSHEET
Individual and Group
Standard and Select Plans

Statute/Rule	FILING COMPLIANCE	Yes	No	N/A	Page #
69O-149.021	Required information to be submitted within the filing.				
69O-149.023(4)	Include a description of the distribution system (e.g., direct marketing, agents, financial institutions, etc.) and intended target population.				
69O-149.021(6)(c)	If not submitted already, the Office will ask for form number(s), date(s) of approval, Florida file number(s), (e.g. FLH 19-234560), and type of coverage of all policies or other related forms to be used or issued in connection with the form(s) submitted.				
	GENERAL OUTLINE REQUIREMENTS				
627.674(4)(g)1.-4.	Minimum standards for Outline of Coverage.				
627.6743(1)(c)	Display prominently “Notice” statement on first page: “Notice to buyer: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.”				
69O-156.014(4)(b)	“NOTICE: Read this Outline of Coverage carefully.” Required immediately above company name, in 12pt. type.				
	2020 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN				
69O-156.0086(5)(a) MACRA	Form OIR-B2-MSC2 (01/2020) to be used with Standard Medicare Supplement Benefit Plans for 2020 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery with an Effective Date for Coverage on or After January 1, 2020.				
69O-156.0086(5)(a) MACRA	Must use only language and format in Form OIR-B2-MSC2 (01/2020) and in 12 pt. type. Premium information for plans that are offered shall be shown immediately following the cover page and shall be prominently displayed.				
69O-156.0086(1) MACRA	Newly Eligible Medicare Beneficiaries are not eligible for Plan C or Plan F on or after January 1, 2020.				

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	2010 STANDARDIZED MEDICARE SUPPLEMENT BENEFIT PLAN				
69O-156.0085(3)(a) & (b)	Form OIR-B2-MS2 (05/09) to be used with Standard Medicare Supplement Benefit Plans for 2010 Standardized Medicare Supplement Benefit Plan Policies or Certificates Issued for Delivery with an Effective Date for Coverage on or After June 1, 2010.				
	MEDICARE SELECT PLANS				
69O-156.030(9)(a)1 & 2	Outline of Coverage Required for Medicare Select policies or certificates.				
69O-156.030(11)(a)	Grievance procedure described in a Medicare Select Outline of Coverage				

Additional Notes:

Please upload all documents with document titles that accurately reflect their contents including specific form numbers in the “Forms To Be Reviewed” section of the Universal Standard Data Letter(UDL).