**20:06:13:17.14.  Requirements for standard Medicare supplement benefit plans -- Plans issued after May 31, 2010.** An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic core benefits, as defined in § 20:06:13:17.12.

If an issuer makes available any of the additional benefits described in § 20:06:13:17.13, or offers standardized benefit Plans K or L, then the issuer shall make available to each prospective policyholder and certificateholder, in addition to a policy form or certificate form with only the core benefits, a policy form or certificate containing either standardized benefit Plan C or standardized benefit Plan F.

No groups, packages, or combinations of Medicare supplement benefits other than those listed in this chapter shall be offered for sale in this state.

Benefit plans shall be uniform in structure, language, designation, and format to the standard benefit plans listed in this section and conform to the definitions in § 20:06:13:02. Each benefit shall be structured in accordance with the format provided in §§ 20:06:13:17.12 and 20:06:13:17.13. For purposes of this section, structure, language, and format means style, arrangement, and overall content of a benefit.

In addition to the benefit plan designations required in this section, an issuer may use other designations to the extent permitted by law.

**Source:** 35 SDR 183, effective February 2, 2009; 36 SDR 209, effective July 1, 2010.

**General Authority:** SDCL 58-17A-2.

**Law Implemented:** SDCL 58-17A-2.