

Sec. 38a-495-2. Definitions

As used in Sections 38a-495-1 to 38a-495-13, inclusive:

(a) “Applicant” means:

(1) in the case of an individual Medicare supplement policy or subscriber contract, the person who seeks to contract for insurance benefits, and

(2) in the case of a group Medicare supplement policy or subscriber contract, the proposed certificateholder;

(b) “Certificate” means any certificate issued under a group Medicare supplement policy, which certificate has been delivered or issued for delivery in this State;

(c) “Commissioner” means the Insurance Commissioner of the State of Connecticut;

(d) “Medicare” means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as amended (Title I, Part I of P.L. 89-97);

(e) “Medicare supplement policy” means any individual or group accident and sickness insurance policy or certificate or individual subscriber contract delivered or issued for delivery to any resident of this state who is eligible for Medicare except any long-term care policy as defined in Section 38-174x of the General Statutes.

(f) “Medicare eligible expenses” mean health care expenses of the kinds covered by Medicare, to the extent recognized as reasonable by Medicare.

(g) “Medigap policy” means a Medicare Supplement policy specifically designed to cover the co-payments not covered by Medicare and to pay Medicare eligible expenses after Medicare’s limits have been reached.

(Effective September 25, 1992)