

**Sec. 38a-495-3. Policy definitions and terms**

No Medicare Supplement policy may be advertised, solicited or issued for delivery to any resident in this State who is eligible for Medicare unless such policy or subscriber contract contains definitions or terms which conform to the requirements of this section.

(a) "Accident," "Accidental Injury," or "Accidental Means" shall be defined to employ "result" language and shall not include words which establish an accidental means test or use words such as "external, violent, visible wounds" or similar words of description or characterization.

(1) The definition shall not be more restrictive than the following: "Injury or injuries for which benefits are provided means accidental bodily injury sustained by the insured person which is the direct result of an accident, independent of disease or bodily infirmity or any other cause, and occurs while insurance coverage is in force."

(2) Such definition may provide that injuries shall not include injuries for which benefits are provided or available under any workers compensation, employer's liability or similar law, or motor vehicle no-fault plan, unless prohibited by law.

(b) "Benefit Period" or "Medicare Benefit Period" shall not be defined as more restrictive than as that defined in the Medicare program.

(c) "Convalescent Nursing Home," "Extended Care Facility," or "Skilled Nursing Facility" shall be defined in relation to its status, facilities and available services.

(1) A definition of such home or facility shall not be more restrictive than one requiring that it:

(A) be operated pursuant to law;

(B) be approved for payment of Medicare benefits or be qualified to receive such approval, if so requested;

(C) be primarily engaged in providing, in addition to room and board accommodations, skilled nursing care under the supervision of a duly licensed physician;

(D) provide continuous twenty-four (24) hours a day nursing service by or under the supervision of a registered graduate professional nurse (R.N.); and

(E) maintains a daily medical record of each patient.

(2) The definition of such home or facility may provide that such term not be inclusive of: (A) any home, facility or part thereof used primarily for rest; (B) a home or facility for the aged or for the care of drug addicts or alcoholics; or (C) a home or facility primarily used for the care and treatment of mental diseases or disorders, or custodial or educational care.

(d) "Health Care Expenses" means expenses of health maintenance organizations associated with the delivery of health care services which are analogous to incurred losses of insurers. Such expenses shall not include: (1) home office and overhead costs; (2) advertising costs; (3) commissions and other acquisition costs; (4) taxes; (5) capital costs; (6) administrative costs; or (7) claims processing costs.

(e) "Hospital" may be defined in relation to its status, facilities and available services or to reflect its accreditation by the Joint Commission on Accreditation of Hospitals.

(1) The definition of the term "hospital" shall not be more restrictive than one requiring that the hospital: (A) be an institution operated pursuant to law, and; (B) be primarily and continuously engaged in providing or operating, either on its premises or in facilities

available to the hospital on a prearranged basis and under the supervision of a staff of duly licensed physicians, medical, diagnostic and major surgical facilities for the medical care and treatment of sick or injured persons on an inpatient basis for which charge is made; and (C) provide twenty-four (24) hour nursing service by or under the supervision of registered graduate professional nurses (R.N.s).

(2) The definition of the term “hospital” may state that such term shall not be inclusive of: (A) convalescent homes, convalescent, rest or nursing facilities; or (B) facilities primarily affording custodial, educational or rehabilitary care; or (C) facilities for the aged, drug addicts or alcoholics; or (D) any military or veterans hospital or soldiers home or any hospital contracted for or operated by any national government or agency thereof for the treatment of members or ex-members of the armed forces, except for services rendered on an emergency basis where a legal liability exists for charges made to the individual for such services.

(f) “Medicare” shall be defined in the policy. Medicare may be substantially defined as “The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended,” or “Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for Aged Act, as then constituted and any later amendments or substitutes thereof,” or words of similar import.

(g) “Medicare Eligible Expenses” shall mean health care expenses of the kinds covered by Medicare, to the extent recognized as reasonable by Medicare. Payment of benefits by insurers for Medicare eligible expenses may be conditioned upon the same or less restrictive payment conditions, including determinations of medical necessity as are applicable to Medicare claims;

(h) “Mental or Nervous Disorders” shall not be defined more restrictively than a definition including neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder of any kind.

(i) “Nurses” may be defined so that the description of nurse is restricted to a type of nurse, such as registered graduate professional nurse (R.N.), a licensed practical nurse (L.P.N.), or a licensed vocational nurse (L.V.N.). If the words “nurse,” “trained nurse,” or “registered nurse” are used without specific instruction, then the use of such terms requires the insurer to recognize the services of any individual who qualified under such terminology in accordance with the applicable statutes or administrative rules of the licensing or registry board of the State.

(j) “Physician” may be defined by including words such as “fully qualified physician” or “duly licensed physician.” The use of such terms requires an insurer to recognize and to accept, to the extent of its obligation under the contract, all providers of medical care and treatment when such services are within the scope of the provider’s licensed authority and are provided pursuant to applicable laws.

(k) “Sickness” shall not be defined to be more restrictive than the following: “Sickness means sickness or disease of an insured person which first manifests itself after the effective date of insurance and while the insurance is in force.” The definition may be further modified to exclude sickness or diseases for which benefits are provided under any workers’ compensation, occupational disease, employer’s liability or similar law.

*Regulations of Connecticut State Agencies*

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