**Section 2008.40 Definitions**

For the purposes of this Part:

"1990 Standardized Medicare Supplement Benefit Plan", "1990 Standardized Benefit Plan" or "1990 Plan" means a group or individual policy of Medicare supplement insurance issued on or after February 11, 1992 and with an effective date for coverage prior to June 1, 2010 and includes Medicare supplement insurance policies and certificates renewed on or after that date that are not replaced by the issuer at the request of the insured.

"2010 Standardized Medicare Supplement Benefit Plan", "2010 Standardized Benefit Plan" or "2010 Plan" means a group or individual policy of Medicare supplement insurance issued with an effective date for coverage on or after June 1, 2010.

Applicant means:

*in the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and*

*in the case of a group Medicare supplement policy, the proposed certificateholder* (Section 363(2)(a) of the Code).

Bankruptcy means when a Medicare Advantage organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in this State.

Certificate means *any certificate delivered or issued for delivery in this State under a group Medicare supplement policy* (Section 363(2)(b) of the Code).

Certificate Form means the form on which the certificate is delivered or issued for delivery by the issuer.

Continuous Period of Creditable Coverage means the period during which an individual was covered by creditable coverage, if during the period of coverage the individual had no breaks in coverage greater than 63 days.

Code means the Illinois Insurance Code [215 ILCS 5].

Department means the Illinois Department of Insurance.

Director means the Director of the Illinois Department of Insurance.

Employee Welfare Benefit Plan means a plan, fund or program of employee benefits as defined in 29 USC 1002 (Employee Retirement Income Security Act).

Insolvency means when an issuer, licensed to transact the business of insurance in this State, has had a final order of liquidation entered against it with a finding of insolvency by a court of competent jurisdiction in the issuer's state of domicile.

Issuer includes insurance companies, fraternal benefit societies, health care service plans, and any other entity delivering or issuing for delivery in this State Medicare supplement policies or certificates.

Medicare means the Health Insurance for the Aged and Disabled Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended (42 USC 1801-1898).

Medicare Advantage Plan means a plan of coverage for health benefits under Medicare Part C as defined in section 1859(b)(1) of the Social Security Act (42 USC 1395w-28(b)(1)), and includes:

Coordinated care plans that provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans;

Medicare medical savings account plans coupled with a contribution into a Medicare Advantage medical savings account; and

Medicare Advantage private fee-for-service plans.

Medicare Supplement Policy means a group or individual policy of (accident and sickness) insurance or a subscriber contract (of hospital and medical service associations or health maintenance organizations) other than a policy issued pursuant to a contract under section 1876 of the federal Social Security Act (42 USC 1395 et seq.) or an issued policy under a demonstration project specified in 42 USC 1395ss(g)(1) that is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare (section 363(2)(c) of the Code). "Medicare supplement policy" does not include Medicare Advantage Plans established under Medicare Part C, Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan that provides benefits pursuant to an agreement under section 1833(a)(1)(A) of the Social Security Act (42 USC 1395l(a)(1)(A)).

Policy Form means the form on which the policy is delivered or issued for delivery by the issuer.

"Pre-Standardized Medicare Supplement Benefit Plan", "Pre-Standardized Benefit Plan" or "Pre-Standardized Plan" means a group or individual policy of Medicare supplement insurance issued prior to February 11, 1992.

Secretary means the Secretary of the United States Department of Health and Human Services.

(Source: Amended at 42 Ill. Reg. 21625, effective November 26, 2018)