**20:06:13:17.05.  Requirements for standard Medicare supplement benefit plans.** 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 § 20:06:13:17.03.

No groups, packages, or combinations of Medicare supplement benefits other than those listed in § 20:06:13:17.06 may be offered for sale in this state, except as permitted in §§ 20:06:13:17.02 to 20:06:13:17.04, inclusive, and §§ 20:06:13:63 to 20:06:13:76, inclusive.

Benefit plans must be uniform in structure, language, designation, and format to the standard benefit Plans A to L, inclusive, listed in § 20:06:13:17.06 and must conform to the definitions in SDCL chapter 58-17A and §§ 20:06:13:17.02 to 20:06:13:17.04, inclusive. Each benefit must be structured in accordance with the format provided in §§ 20:06:13:17.02 to 20:06:13:17.04, inclusive, and must list the benefits in the order shown in § 20:06:13:17.06. For purposes of this section, the phrase, structure, language, and format, means style, arrangement, and overall content of a benefit.

An issuer may use, in addition to the benefit plan designations required in this section, other designations to the extent permitted by this chapter.

**Source:** 18 SDR 225, effective July 17, 1992; 31 SDR 214, effective July 6, 2005; 35 SDR 183, effective February 2, 2009.

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

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