**20:06:13:17.07.  Suspension of coverage during period of eligibility for Medicaid.** A Medicare supplement policy or certificate must provide that benefits and premiums under the policy be suspended at the request of the policyholder or certificateholder for not more than 24 months if the policyholder or certificateholder applies for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act (Medicaid) and if the policyholder or certificateholder notifies the issuer of the policy or certificate within 90 days after the date the individual becomes entitled to Medicaid assistance. Upon receipt of timely notice, the issuer shall return to the policyholder or certificateholder that portion of the premium attributable to the period of Medicaid eligibility, subject to adjustment for paid claims. This section applies to 1990 standardized Medicare supplement benefit plans as well as 2010 standardized Medicare supplement benefit plans.

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

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

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

**Cross-Reference:** Medicaid eligibility, art 67:16.