

STATE OF COLORADO

DEPARTMENT OF REGULATORY AGENCIES

DIVISION OF INSURANCE

1560 Broadway, Suite 850
Denver, Colorado 80202



Bulletin No. B-4.29

Concerning CoverColorado Standardized Notice Form for Medicare Supplement Carriers

I. Background and Purpose

This bulletin is designed to provide a standardized notice of eligibility to certain individuals, eligible for Medicare, of their eligibility for a CoverColorado coordination of benefits plan. Section 10-8-521 C.R.S., was recently amended to require Medicare Supplement carriers to notify “eligible persons” of their eligibility for a CoverColorado coordination of benefits plan. An “eligible person” means an individual who is: under age sixty-five, eligible for Medicare by reason of disability, enrolled in Parts A & B of Medicare, and is not applying during the open enrollment period for a Medicare Supplement policy (reference Section 10-8-513 C.R.S.). The elements of the notice were recently prescribed by regulation 4-6-11.

Bulletins are the Division’s interpretations of existing insurance law or general statements of Division policy. This bulletin is designed to provide a standardized notice of eligibility for CoverColorado as required in Section 10-8-521, C.R.S., including information about available benefits, exclusions, and premium subsidies, and the name, address and telephone number of the program.

II. Applicability and Scope

This bulletin is intended for all carriers offering Medicare Supplement coverage in Colorado.

III. Division Position

Existing law requires all Medicare Supplement coverage in Colorado to provide the attached CoverColorado Coordination of Benefits Plan Notice Form to eligible persons, as prescribed by § 10-8-521, C.R.S. and Colorado Regulation 4-6-11.

IV. Additional Division Resources

For More Information

Colorado Division of Insurance
Rates and Forms Section
1560 Broadway, Suite 850
Denver, CO 80202
Tel. 303-894-7499
Internet: <http://www.dora.state.co.us/insurance>

V. History

- Issued November 8, 2007.

EXHIBIT A

COVERCOLORADO COORDINATION OF BENEFITS PLAN NOTICE FORM

Name

Address

City, State Zip Code

RE: Applicant/Insured's Name

Policy # (if applicable)

The CoverColorado coordination of benefits plan is available to Colorado residents. To be eligible you must be: under age sixty-five, eligible for Medicare by reason of disability, enrolled in Parts A & B of Medicare, and did not apply during the open enrollment period for a Medicare Supplement policy. We have reason to believe you may be eligible for a CoverColorado coordination of benefits plan.

The CoverColorado coordination of benefits plans covers the: Part A deductible; Part A coinsurance; Medicare eligible Part A hospital expenses when all Medicare benefits are exhausted, up to 365 days; Part A coinsurance for skilled nursing facility care; cost of the first 3 pints of blood; Part B deductible and excess charges; and foreign travel emergency care. The CoverColorado coordination of benefits plan does not cover prescription drugs, except for those covered under Part A and Part B.

CoverColorado receives funding from premiums paid by enrolled individuals, gifts to the program, moneys from the unclaimed property fund, and as necessary an assessment imposed on insurers. Certain individuals may be eligible for assistance with his or her premium. Please contact the program to determine if you are eligible for a premium subsidy.

You may apply to CoverColorado for a determination of your eligibility for coverage and request an application packet or visit their website at www.covercolorado.org and apply online. A monthly premium will be charged for this coverage if your application is approved.

For more information regarding a CoverColorado coordination of benefits plan, please contact:

CoverColorado
425 S. Cherry Street #160
Glendale, CO 80246
303-863-1960
Website: www.covercolorado.org
E-mail: covercolorado@covercolorado.org

Insurer Name

Address

Contact Person

Telephone #