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136th General Assembly  
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Sub. H. B. No. 24

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To amend sections 3923.33, 3923.331, 3923.332, 1  
3923.337, 3923.338, 3923.339, and 3923.42 and to 2  
enact section 3923.3310 of the Revised Code to 3  
provide Medigap policies for Medicare-eligible 4  
individuals under the age of 65. 5

**BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:**

**Section 1.** That sections 3923.33, 3923.331, 3923.332, 6  
3923.337, 3923.338, 3923.339, and 3923.42 be amended and section 7  
3923.3310 of the Revised Code be enacted to read as follows: 8

**Sec. 3923.33.** As used in section 3923.33 and sections 9  
3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code: 10

(A) "Applicant" means: 11

(1) In the case of an individual medicare supplement 12  
policy, the person who seeks to contract for insurance benefits; 13  
and 14

(2) In the case of a group medicare supplement policy, the 15  
proposed certificate holder. 16

(B) "Certificate" means, for purposes of section 3923.33 17

and sections 3923.331 to ~~3923.339~~3923.3310 of the Revised Code, 18  
any certificate delivered or issued for delivery in this state 19  
under a group medicare supplement policy. 20

(C) "Certificate form" means the form on which the 21  
certificate is delivered or issued for delivery by the issuer. 22

(D) "Direct response insurance policy" means a medicare 23  
supplement policy or certificate marketed without the direct 24  
involvement of an insurance agent. 25

(E) "Issuer" includes insurance companies, fraternal 26  
benefit societies, health insuring corporations, and any other 27  
entities delivering or issuing for delivery in this state 28  
medicare supplement policies or certificates. 29

(F) "Medicare" means the "Health Insurance for the Aged 30  
Act," Title XVIII of the Social Security Amendments of 1965, 79 31  
Stat. 291, 42 U.S.C.A. 1395, as then constituted or later 32  
amended. 33

(G) "Medicare supplement policy" means a group or 34  
individual policy of sickness and accident insurance or a 35  
subscriber contract of health insuring corporations or any other 36  
issuers, other than a policy issued pursuant to a contract under 37  
section 1876 of the "Social Security Act," 49 Stat. 620 (1935), 38  
42 U.S.C.A., 1395mm, as amended, or an issued policy under any 39  
demonstration project specified in 42 U.S.C.A. 1395ss(g) (1), 40  
which is advertised, marketed, or designed primarily as a 41  
supplement to reimbursements under medicare for the hospital, 42  
medical, or surgical expenses of persons eligible for medicare. 43

(H) "Policy form" means the form on which the policy is 44  
delivered or issued for delivery by the issuer. 45

**Sec. 3923.331.** (A) Except as otherwise provided in the 46

Revised Code, section 3923.33 and sections 3923.331 to ~~3923.339~~  
3923.3310 of the Revised Code shall apply to:

(1) All medicare supplement policies delivered or issued  
for delivery in this state on or after the effective date of  
this amendment; and

(2) All certificates issued under group medicare  
supplement policies, which certificates are delivered or issued  
for delivery in this state on or after the effective date of  
this amendment.

(B) Section 3923.33 and sections 3923.331 to ~~3923.339~~  
3923.3310 of the Revised Code shall not apply to a policy of one  
or more employers or labor organizations, or of the trustees of  
a fund established by one or more employers or labor  
organizations, or a combination thereof, for employees or former  
employees, or a combination thereof, or for members or former  
members, or a combination thereof, of the labor organizations.

(C) Except as otherwise provided in division (D) of  
section 3923.334 of the Revised Code, section 3923.33 and  
sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code are  
not intended to prohibit or apply to insurance policies or  
health care benefit plans, including group conversion policies,  
provided to medicare eligible persons, which policies are not  
marketed or held to be medicare supplement policies or benefit  
plans.

**Sec. 3923.332.** (A) No medicare supplement policy or  
certificate in force in this state shall contain benefits that  
duplicate benefits provided by medicare.

(B) Notwithstanding section 3923.04 of the Revised Code or  
any other provision of law of this state, a medicare supplement

policy or certificate shall not exclude or limit benefits for 76  
losses incurred more than six months from the effective date of 77  
coverage because it involved a preexisting condition. The policy 78  
or certificate shall not define a preexisting condition more 79  
restrictively than a condition for which medical advice was 80  
given or treatment was recommended by or received from a 81  
physician within six months before the effective date of 82  
coverage. 83

(C) The superintendent of insurance shall adopt reasonable 84  
rules to establish specific standards for policy provisions of 85  
medicare supplement policies and certificates. The standards 86  
shall be in addition to and in accordance with applicable laws 87  
of this state, including sections 3923.03 to 3923.09 of the 88  
Revised Code. No requirement in Title XVII or XXXIX of the 89  
Revised Code relating to minimum required policy benefits, other 90  
than the minimum standards contained in section 3923.33 and 91  
sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code, 92  
shall apply to medicare supplement policies and certificates. 93  
The standards may cover, but are not limited to: 94

- (1) Terms of renewability; 95
- (2) Initial and subsequent conditions of eligibility; 96
- (3) Nonduplication of coverage; 97
- (4) Probationary periods; 98
- (5) Benefit limitations, exceptions, and reductions; 99
- (6) Elimination periods; 100
- (7) Requirements for replacement; 101
- (8) Recurrent conditions; and 102

(9) Definitions of terms.	103
(D) The superintendent shall adopt reasonable rules to establish minimum standards for benefits, claims payment, advertising and marketing practices and compensation arrangements, and reporting practices, for medicare supplement policies and certificates.	104 105 106 107 108
(E) The superintendent may adopt from time to time such reasonable rules as are necessary to conform medicare supplement policies and certificates to the requirements of federal law and regulations promulgated thereunder, including but not limited to:	109 110 111 112 113
(1) Requiring refunds or credits if the policies or certificates do not meet loss ratio requirements;	114 115
(2) Establishing a uniform methodology for calculating and reporting loss ratios;	116 117
(3) Assuring public access to policies, premiums, and loss ratio information of issuers of medicare supplement insurance;	118 119
(4) Establishing a process for approving or disapproving policy forms and certificate forms and proposed premium increases;	120 121 122
(5) Establishing a policy for holding public hearings prior to approval of premium increases; and	123 124
(6) Establishing standards for medicare select policies and certificates.	125 126
(F) The superintendent may adopt reasonable rules that specify prohibited policy provisions not otherwise specifically authorized by any provision in the Revised Code that, in the opinion of the superintendent, are unjust, unfair, or unfairly	127 128 129 130

discriminatory to any person insured or proposed to be insured 131  
under a medicare supplement policy or certificate. 132

**Sec. 3923.337.** All rules adopted pursuant to section 133  
3923.33 and sections 3923.331 to ~~3923.339~~ 3923.3310 of the 134  
Revised Code shall be subject to Chapter 119. of the Revised 135  
Code. 136

**Sec. 3923.338.** In addition to any other applicable 137  
penalties for violations of Title XVII or XXXIX of the Revised 138  
Code, the superintendent of insurance, pursuant to an 139  
adjudication conducted in accordance with Chapter 119. of the 140  
Revised Code, may issue an order requiring issuers violating any 141  
provision of section 3923.33 or sections 3923.331 to ~~3923.339~~ 142  
3923.3310 of the Revised Code or rules adopted pursuant to those 143  
sections to do either or both of the following: 144

(A) Cease marketing any medicare supplement policy or 145  
certificate in this state that is related directly or indirectly 146  
to the violation; 147

(B) Take such actions as are necessary to comply with 148  
section 3923.33 and sections 3923.331 to ~~3923.339~~ 3923.3310 of 149  
the Revised Code. 150

**Sec. 3923.339.** If any provision of section 3923.33 or 151  
sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code or 152  
the application thereof to any person or circumstances is for 153  
any reason held to be invalid, the remainder of section 3923.33 154  
and sections 3923.331 to ~~3923.339~~ 3923.3310 of the Revised Code 155  
and the application of such remainder to other persons or 156  
circumstances shall not be affected thereby. 157

**Sec. 3923.3310.** (A) Not later than the first day of 158  
January that immediately follows the effective date of this 159

section, any issuer that offers coverage under a medicare 160  
supplement policy to individuals sixty-five years of age or 161  
older shall offer the same coverage to individuals younger than 162  
sixty-five years of age who are eligible for and enrolled in 163  
medicare by reason of disability or end stage renal disease. 164

(B) Any benefit, protection, policy, or procedure 165  
applicable to coverage under a policy for an individual sixty- 166  
five years or older shall also apply to coverage offered under 167  
this section. 168

(C) The premiums for coverage offered under this section 169  
to individuals who are sixty-four years of age or younger shall 170  
not be higher than one hundred twenty-five per cent of the 171  
premiums for a medicare supplement policy offered to individuals 172  
sixty-five years of age. 173

(D) (1) Except as otherwise provided in division (D) (2) of 174  
this section, an issuer shall comply with sections 3923.33 to 175  
3933.3310 of the Revised Code when issuing policies under this 176  
section. 177

(2) Notwithstanding any provision of the Revised Code to 178  
the contrary, a policy issued under this section shall not 179  
exclude or limit benefits for losses attributable to a 180  
preexisting condition. 181

(E) Nothing in this section is subject to section 3901.71 182  
of the Revised Code. 183

**Sec. 3923.42.** (A) Sections 3923.41 to 3923.48 of the 184  
Revised Code may be cited as the "long-term care insurance act." 185

(B) Sections 3923.41 to 3923.48 of the Revised Code do not 186  
supersede the obligations of entities subject to these sections 187  
to comply with the substance of other applicable insurance laws 188

insofar as they do not conflict with these sections, except that 189  
section 3923.33 and sections 3923.331 to ~~3923.339~~ 3923.3310 of 190  
the Revised Code and rules intended to apply to medicare 191  
supplement insurance policies do not apply to long-term care 192  
insurance. A policy that is not advertised, marketed, or offered 193  
as long-term care insurance need not meet the requirements of 194  
sections 3923.41 to 3923.48 of the Revised Code. 195

**Section 2.** That existing sections 3923.33, 3923.331, 196  
3923.332, 3923.337, 3923.338, 3923.339, and 3923.42 of the 197  
Revised Code are hereby repealed. 198

**Section 3.** Beginning on the first day of January that 199  
immediately follows the effective date of the enactment of 200  
section 3923.3310 of the Revised Code by this act and ending one 201  
hundred eighty days thereafter, an individual younger than 202  
sixty-five years of age who is enrolled in Medicare by reason of 203  
disability or end stage renal disease shall be allowed to apply 204  
for a Medicare supplement policy with the same benefit, 205  
protection, policy, or procedure applicable to new Medicare 206  
enrollees who are offered coverage under that section. 207