

(1) IS IN ANY RESPECT IN VIOLATION OF OR DOES NOT COMPLY WITH THIS ARTICLE; OR

(2) CONTAINS OR INCORPORATES BY REFERENCE, WHERE THE INCORPORATION IS OTHERWISE PERMISSIBLE, ANY INCONSISTENT, AMBIGUOUS, OR MISLEADING CLAUSES, OR EXCEPTIONS AND CONDITIONS WHICH DECEPTIVELY AFFECT THE RISK PURPORTED TO BE ASSUMED IN THE GENERAL COVERAGE OF THE CONTRACT; OR

(3) HAS ANY TITLE, HEADING, OR OTHER INDICATION OF ITS PROVISIONS WHICH IS LIKELY TO MISLEAD THE POLICYHOLDER OR CERTIFICATE HOLDER; OR

(4) CONTAINS AN INEQUITABLE PROVISION OR PROVISIONS OF INSURANCE WITHOUT SUBSTANTIAL BENEFIT TO THE POLICYHOLDER; OR

(5) IS PRINTED OR OTHERWISE REPRODUCED IN A MANNER AS TO RENDER ANY PROVISION OF THE FORM SUBSTANTIALLY ILLEGIBLE; OR

(6) CONTAINS BENEFITS THAT ARE UNREASONABLE IN RELATION TO THE PREMIUM CHARGED IF THE BENEFITS PROVIDED IN ANY HEALTH INSURANCE POLICY [OTHER THAN A GROUP POLICY] ARE UNREASONABLE IN RELATION TO THE PREMIUM CHARGED; OR

(7) CONTAINS IRRESPECTIVE OF THE PREMIUM CHARGED, ANY BENEFIT WHICH IS NOT SUFFICIENT TO BE OF REAL ECONOMIC VALUE TO THE INSURED; OR

(8) DOES NOT PROVIDE MINIMUM BENEFITS OR COVERAGES AS DEEMED NECESSARY BY THE COMMISSIONER IN ORDER TO MEET THE MINIMUM NEEDS OF THE INSURED.

(C) THE COMMISSIONER, AFTER HOLDING HEARINGS AS PROVIDED FOR UNDER SECTION 375A OF THIS SUBTITLE AND AFTER EVALUATION OF THE FACTS AND EVIDENCE DEVELOPED FROM THE HEARINGS, SHALL ESTABLISH AS CONDITIONS WARRANT MINIMUM BENEFITS AND COVERAGES AS MAY BE NECESSARY TO MEET THE NEEDS OF THE INSURED.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1973.

Approved May 21, 1973.

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