

ELIGIBLE FOR MEDICARE BY REASON OF AGE, BUT IN NO EVENT LATER THAN THE TIME OF POLICY DELIVERY.

(G) THE COMMISSIONER MAY ADOPT REGULATIONS FOR CAPTIONS OR NOTICE REQUIREMENTS, DETERMINED TO BE IN THE PUBLIC INTEREST AND DESIGNED TO INFORM PROSPECTIVE INSUREDS THAT PARTICULAR INSURANCE COVERAGES ARE NOT MEDICARE SUPPLEMENT COVERAGES, FOR ALL HEALTH INSURANCE POLICIES SOLD TO PERSONS ELIGIBLE FOR MEDICARE BY REASON OF AGE, OTHER THAN:

- (1) MEDICARE SUPPLEMENT POLICIES;
- (2) DISABILITY INCOME POLICIES;
- (3) BASIC, CATASTROPHIC, OR MAJOR MEDICAL EXPENSE POLICIES; OR
- (4) SINGLE PREMIUM, NONRENEWABLE POLICIES.

(H) THE COMMISSIONER MAY ADOPT REASONABLE REGULATIONS TO GOVERN THE FULL AND FAIR DISCLOSURE OF THE INFORMATION IN CONNECTION WITH THE REPLACEMENT OF HEALTH INSURANCE POLICIES, SUBSCRIBER CONTRACTS, OR CERTIFICATES BY PERSONS ELIGIBLE FOR MEDICARE BY REASON OF AGE.

468F.

(a) Solicitation of the sale of a health insurance policy proposed to be issued to a person eligible for Medicare may be made only in accordance with the requirements of this section and of § 468G of this subtitle.

(b) (1) Before accepting an application, or at any other time required by regulation by the Commissioner, the insurer or the agent shall deliver to the prospect a Medicare supplement buyer's guide that is printed in at least 12-point type. The buyer's guide also shall be delivered when an existing policy is converted to a Medicare supplement policy.

(2) The text of the guide shall be as published by the Commissioner under § 468E of this subtitle and the form of the guide shall be as required by rules and regulations adopted by the Commissioner.

(c) (1) (i) Under any circumstance stated in this subsection, an insurer or agent shall give to the prospective purchaser a written statement as required, for each circumstance, by this subsection.

(ii) The written statement shall be given before the agent or insurer accepts an application.