

(2) If the proposed policy excludes or limits benefits for preexisting conditions, a statement shall be given that describes in plain language these limitations or exclusions.

(3) If the proposed policy provides coverage for care in a skilled nursing facility that is approved by Medicare, but the policy does not provide coverage for care in other nursing homes or for custodial or rest home care, a statement shall be given that describes clearly those expenses that the policy does not cover.

(4) (i) If the proposed policy does not comply with the requirements [of subparagraphs (i), (ii), and (iii)] of [§ 468C(b)(1)] § 468C of this subtitle for a Medicare supplement policy, a statement printed in a 12-point type shall be given that:

"This policy is not a Medicare supplement policy. It is not designed to fill the 'gaps' of Medicare. You should consult the buyer's guide provided to you with this policy".

[However, if the proposed policy complies with the requirements of subparagraphs (i), (ii), and (iii) of Section 468C(b)(1), but does not comply with the other requirements of Section 468C of this subtitle, a statement printed in 12-point type shall be given that:

"This policy is not a complete Medicare supplement policy. It is not designed to completely fill the 'gaps' of Medicare. You should consult with the buyer's guide provided to you with this policy".]

(ii) Notwithstanding the provisions of subparagraph (i) of this paragraph, the Commissioner shall adopt regulations necessary to make the provisions of this paragraph conform to the requirements of applicable federal law.

(5) If the proposed policy pays benefits only for accident, a statement printed in 12-point type shall be given that contains the language required by subsection (c)(4) of this section as well as the following language:

"This is an accident only policy. It does not pay benefits for loss due to sickness".

[(6) If the proposed policy does not include the coverage that must be offered by an insurer under § 468C(b)(2) of this subtitle, a statement shall be given that the insured is entitled to purchase but has rejected the coverage available under Article 48A, § 468C(b)(2) of the Annotated Code for: