

MAINTENANCE, OR PERSONAL CARE SERVICES PROVIDED IN A SETTING OTHER THAN AN ACUTE CARE UNIT OF A HOSPITAL.

(2) "LONG-TERM CARE INSURANCE" DOES NOT INCLUDE ANY INSURANCE POLICY, CONTRACT, OR RIDER WHICH IS OFFERED PRIMARILY TO PROVIDE:

- (I) BASIC MEDICARE SUPPLEMENT COVERAGE;
- (II) HOSPITAL CONFINEMENT INDEMNITY COVERAGE;
- (III) BASIC HOSPITAL EXPENSE OR MEDICAL SURGICAL EXPENSE COVERAGE;
- (IV) DISABILITY INCOME PROTECTION COVERAGE;
- (V) ACCIDENT COVERAGE ONLY;
- (VI) SPECIFIED DISEASE OR SPECIFIED ACCIDENT COVERAGE; OR
- (VII) SKILLED NURSING CARE.

(F) "PREEXISTING CONDITION" MEANS A CONDITION FOR WHICH MEDICAL ADVICE OR TREATMENT WAS RECOMMENDED BY, OR RECEIVED FROM, A PROVIDER OF HEALTH CARE SERVICES WITHIN 6 9 MONTHS PRIOR TO THE EFFECTIVE DATE OF COVERAGE OF THE INSURED OR CERTIFICATE HOLDER.

643.

AN INSURER MAY NOT ADVERTISE, MARKET, OR OFFER A POLICY OR CONTRACT AS LONG-TERM CARE INSURANCE OR LONG-TERM NURSING HOME INSURANCE UNLESS THE POLICY OR CONTRACT COMPLIES WITH THE PROVISIONS OF THIS SUBTITLE.

644.

THE COMMISSIONER MAY ADOPT REGULATIONS REGARDING LONG-TERM CARE INSURANCE WITH RESPECT TO:

- (1) THE FORM AND CONTENT OF DISCLOSURES;
- (2) THE TERMS OF RENEWALS;
- (3) INITIAL AND SUBSEQUENT CONDITIONS OF ELIGIBILITY;
- (4) NONDUPLICATION OF COVERAGE PROVISIONS;
- (5) PREEXISTING CONDITIONS;
- (6) RENEWABILITY OF COVERAGE;
- (7) CONTINUATION AND CONVERSION;