

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

(3) HAVE A TITLE, HEADING, OR OTHER INDICATION OF ITS PROVISIONS THAT IS LIKELY TO MISLEAD THE POLICYHOLDER OR CERTIFICATE HOLDER;

(4) CONTAIN AN INEQUITABLE PROVISION OF INSURANCE WITHOUT SUBSTANTIAL BENEFIT TO THE POLICYHOLDER;

(5) BE PRINTED OR OTHERWISE REPRODUCED SO AS TO MAKE A PROVISION OF THE FORM SUBSTANTIALLY ILLEGIBLE;

(6) PROVIDE BENEFITS IN A HEALTH INSURANCE POLICY THAT ARE UNREASONABLE IN RELATION TO THE PREMIUM CHARGED;

(7) CONTAIN, IRRESPECTIVE OF THE PREMIUM CHARGED, A BENEFIT THAT IS NOT SUFFICIENT TO BE OF REAL ECONOMIC VALUE TO THE INSURED;

(8) FAIL TO PROVIDE MINIMUM BENEFITS OR COVERAGES THAT THE COMMISSIONER CONSIDERS NECESSARY TO MEET THE MINIMUM NEEDS OF THE INSURED; OR

(9) IN A HEALTH INSURANCE APPLICATION FORM, CONTAIN INQUIRIES ABOUT:

(I) A PREEXISTING CONDITION, ILLNESS, OR DISEASE FOR WHICH THE APPLICANT HAS NOT RECEIVED MEDICAL CARE OR ADVICE FROM A LICENSED HEALTH CARE PROVIDER DURING THE 7 YEARS IMMEDIATELY BEFORE THE DATE OF THE APPLICATION; OR

(II) MEDICAL SCREENING, TESTING, MONITORING, OR ANY OTHER SIMILAR MEDICAL PROCEDURE THAT THE COMMISSIONER SPECIFIES AND THAT THE APPLICANT RECEIVED MORE THAN 7 YEARS BEFORE THE DATE OF APPLICATION.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 375(c) and 376(b) and the first sentence of (a).

In subsection (a)(2) of this section, the former reference to the "particulars" of the disapproval is deleted as included in the reference to "in reasonable detail".

In subsection (b)(9)(ii) of this section, the reference to procedures that the Commissioner "specifies" is substituted for the former references to those the Commissioner "established" for clarity.