

Defined terms: "Policy" § 1-101

"Premium" § 1-101

"Society" § 24-201

24-208. MEMBERSHIP FEES.

(A) ESTABLISHED.

THE DIRECTORS OF THE SOCIETY MAY ESTABLISH MEMBERSHIP FEES IN AMOUNTS THEY CONSIDER REASONABLE, TO BE PAID BY THE MEMBERS OF THE SOCIETY.

(B) CREDIT FOR TAX.

EACH PHYSICIAN WHO PAID THE SPECIAL ONE-TIME TAX IMPOSED BY FORMER ARTICLE 48A, § 552(B) OF THE CODE SHALL BE CREDITED WITH THE AMOUNT OF THE TAX PAID AGAINST THE LIABILITY OF THE PHYSICIAN FOR THE MEMBERSHIP FEE.

(C) INSURANCE AUTHORIZED AFTER PAYMENT.

ON PAYMENT OF THE MEMBERSHIP FEE, A PHYSICIAN OR OTHER HEALTH CARE PROVIDER MAY BE INSURED BY THE SOCIETY FOR ANY AND ALL HAZARDS CUSTOMARILY INSURED BY THE SOCIETY, SUBJECT TO ANY COVERAGE LIMITATIONS SPECIFIED BY THE SOCIETY IN ACCORDANCE WITH POLICY LIMITATIONS, EXCLUSIONS, CONDITIONS, DEDUCTIBLES, AND LOSS-SHARING REQUIREMENTS.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 552(d) and (e).

In subsection (b) of this section, the reference to the "special one-time tax imposed by former Article 48A, § 552(b) of the Code" is substituted for the former reference to the "tax specified in subsection (b)" for clarity and to provide a statutory cross-reference in the event that a physician may be entitled to a credit for the membership fee paid under the former provision, which has been transferred to the Session Laws. See Ch. _____, Acts of 1997.

Defined terms: "Health care provider" § 24-201

"Physician" § 24-201

"Policy" § 1-101

"Society" § 24-201

24-209. POLICY TERMS AND COVERAGE.

(A) UNIFORMITY REQUIRED.

POLICIES THAT THE SOCIETY ISSUES TO EACH CLASS OF PHYSICIANS AND OTHER HEALTH CARE PROVIDERS SHALL BE ESSENTIALLY UNIFORM IN TERMS AND CONDITIONS OF COVERAGE.

(B) CLASSIFICATIONS AUTHORIZED.

NOTWITHSTANDING SUBSECTION (A) OF THIS SECTION, THE SOCIETY MAY: