

SUBTITLE 9. MEDICARE SUPPLEMENT ACT.

15-901. DEFINITIONS.

(A) IN GENERAL.

IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

REVISOR'S NOTE: This subsection formerly was Art. 48A, § 468B(b)(1).

No changes are made.

(B) APPLICANT.

"APPLICANT" MEANS:

(1) FOR AN INDIVIDUAL MEDICARE SUPPLEMENT POLICY OR SUBSCRIBER CONTRACT, THE INDIVIDUAL WHO SEEKS TO CONTRACT FOR INSURANCE BENEFITS; OR

(2) FOR A GROUP MEDICARE SUPPLEMENT POLICY OR SUBSCRIBER CONTRACT, THE PROPOSED CERTIFICATE HOLDER.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 468B(b)(7).

In item (1) of this subsection, the reference to the "individual" who seeks to contract for insurance benefits is substituted for the former reference to the "person" who does so because for purposes of this subtitle an applicant for an individual Medicare supplement policy can only be an individual.

Defined terms: "Certificate" § 15-901

"Insurance" § 1-101

"Medicare supplement policy" § 15-901

(C) CARRIER.

"CARRIER" MEANS AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR FRATERNAL BENEFIT SOCIETY THAT IS AUTHORIZED TO ISSUE HEALTH INSURANCE POLICIES UNDER THIS ARTICLE.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 468B(b)(11).

The term "carrier" is substituted for the former term "insurer" for accuracy and to avoid confusion with the defined term "insurer" in § 1-101 of this article. For purposes of this article, nonprofit health service plans and fraternal benefit societies are not considered to be insurers. See § 1-202 of this article. Consequently, throughout this subtitle, references to a "carrier" are substituted for former references to an "insurer" to use the term defined in this revision.