

(1) CONFORM WITH THE FEDERAL OMNIBUS BUDGET RECONCILIATION ACT OF 1990 AND THE MEDICARE SUPPLEMENT INSURANCE MINIMUM STANDARDS MODEL ACT AND ANY REGULATIONS UNDER THE MODEL ACT ADOPTED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS; AND

(2) COMPLY WITH THE APPLICABLE PROVISIONS OF THIS ARTICLE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 468C(b)(4).

In item (1) of this section, the specific title "Medicare Supplement Insurance Minimum Standards Model Act" is substituted for the former general reference to the "Model Act" to specify the name of the Model Act to which this section refers.

Also in item (1) of this section, the former parenthetical reference to "Pub. L. 101-508", which further described the federal Omnibus Budget Reconciliation Act of 1990, is deleted to conform with the style of citing federal statutes in other revised articles of the Code.

Defined terms: "Commissioner" § 1-101

"Medicare supplement policy" § 15-901

15-909. POLICY PROVISIONS; POLICY REPLACEMENT; CANCELLATION, NONRENEWAL, OR TERMINATION OF POLICIES.

(A) EFFECT OF SECTION.

THIS SECTION DOES NOT EXTEND THE NUMBER OF DAYS OF HOSPITALIZATION OFFERED UNDER § 15-906(A)(3) OF THIS SUBTITLE TO THE EXTENT THOSE DAYS OF HOSPITALIZATION HAVE BEEN USED UNDER THE ORIGINAL MEDICARE SUPPLEMENT POLICY.

(B) OPEN ENROLLMENT PERIOD.

(1) IF AN APPLICATION FOR A MEDICARE SUPPLEMENT POLICY OR CERTIFICATE IS SUBMITTED DURING THE 6-MONTH PERIOD BEGINNING WITH THE FIRST MONTH IN WHICH AN INDIVIDUAL WHO IS AT LEAST 65 YEARS OLD FIRST ENROLLS FOR BENEFITS UNDER MEDICARE PART B, A CARRIER:

(I) MAY NOT DENY OR CONDITION THE ISSUANCE OR EFFECTIVENESS OF THE MEDICARE SUPPLEMENT POLICY OR CERTIFICATE OR DISCRIMINATE IN THE PRICING OF THE MEDICARE SUPPLEMENT POLICY OR CERTIFICATE BECAUSE OF THE HEALTH STATUS, CLAIMS EXPERIENCE, RECEIPT OF HEALTH CARE, OR MEDICAL CONDITION OF THE APPLICANT; OR

(II) MAY NOT DENY, REDUCE, OR CONDITION COVERAGE OR APPLY AN INCREASED PREMIUM RATING TO AN APPLICANT FOR A MEDICARE SUPPLEMENT POLICY BECAUSE OF THE HEALTH STATUS, CLAIMS EXPERIENCE, OR MEDICAL CONDITION OF THE APPLICANT OR THE USE OF MEDICAL CARE BY THE APPLICANT.