

(B) EFFECT OF STANDARDS.

(1) THE STANDARDS ADOPTED BY THE COMMISSIONER ARE IN ADDITION TO AND SHALL BE IN ACCORDANCE WITH APPLICABLE LAWS OF THE STATE, INCLUDING THIS TITLE AND TITLE 14, SUBTITLE 1 OF THIS ARTICLE.

(2) NO REQUIREMENT OF THIS ARTICLE THAT RELATES TO MINIMUM REQUIRED POLICY BENEFITS, OTHER THAN THE MINIMUM STANDARDS CONTAINED IN THIS SUBTITLE, SHALL APPLY TO MEDICARE SUPPLEMENT POLICIES AND CERTIFICATES.

(C) EXTENT OF STANDARDS.

THE STANDARDS MAY COVER, BUT ARE NOT LIMITED TO:

- (1) TERMS OF RENEWABILITY;
- (2) INITIAL AND SUBSEQUENT CONDITIONS OF ELIGIBILITY;
- (3) NONDUPLICATION OF COVERAGE;
- (4) PROBATIONARY PERIODS;
- (5) BENEFIT LIMITATIONS, EXCEPTIONS, AND REDUCTIONS;
- (6) ELIMINATION PERIODS;
- (7) REPLACEMENT REQUIREMENTS;
- (8) RECURRENT CONDITIONS;
- (9) DEFINITIONS OF TERMS; AND
- (10) ANY OTHER PROVISIONS REQUIRED UNDER FEDERAL MEDICARE LAW OR HCFA REGULATIONS.

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

In subsection (b)(1) of this section, the reference to "this title and Title 14, Subtitle 1 of this article" is substituted for the former overly broad reference to "Subtitles 20, 25, 26, and 31 [of Article 48A]". Some provisions in former Subtitle 31, which included miscellaneous provisions, seemed to be inapplicable and so are not included in the revised cross-reference. No substantive change is intended.

Defined terms: "Certificate" § 15-901
"Commissioner" § 1-101
"HCFA" § 15-901
"Medicare" § 15-901
"Medicare supplement policy" § 15-901
"Policy" §§ 1-101 and 15-901