

Each carrier shall:

(1) establish an annual period, of not less than 30 days, during which an individual may enroll in a health benefit plan or change the health benefit plan in which the individual is enrolled; and

(2) provide for a special enrollment period in which an individual is allowed to change the individual or family basis of coverage or the health benefit plan in which the individual is enrolled if the individual:

(i) through marriage, divorce, birth or adoption of a child, or similar circumstances, experiences a change in family composition; or

(ii) experiences a change in employment status including a significant change in the terms and conditions of employment.

(d) Filing of enrollment period plans.

Plans for open enrollment and special enrollment periods shall be filed with the Commissioner.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 702A (effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994).

Defined terms: "Carrier" § 1
"Commissioner" IN § 1-101
"Health benefit plan" § 1

3. Requirements and limitations for carriers.

(a) In general.

In addition to any other requirement under the Insurance Article, a carrier that offers a health benefit plan in the State shall:

(1) have demonstrated the capacity to administer the health benefit plan, including adequate numbers and types of administrative personnel;

(2) have a satisfactory grievance procedure and ability to respond to enrollees' calls, questions, and complaints;

(3) provide, in the case of individuals covered under more than one health benefit plan, for coordination of coverage under all of those health benefit plans in an equitable manner; and

(4) design policies to help ensure adequate access to providers of health care.

(b) Standard Plan required.

A person may not offer a health benefit plan in the State unless the person offers at least the Standard Plan.

(c) Less than minimum coverage prohibited.