

(1) A CLEAR AND COMPLETE STATEMENT IF A CONTRACT, OR A REASONABLY COMPLETE SUMMARY IF A CERTIFICATE, OF:

(I) THE DENTAL SERVICES AND THE INSURANCE OR OTHER BENEFITS, IF ANY, TO WHICH ENROLLEES ARE ENTITLED;

(II) ANY LIMITATIONS ON THE SERVICES OR KIND OF BENEFITS TO BE PROVIDED, INCLUDING ANY CHARGE, DEDUCTIBLE, OR COPAYMENT FEATURE; AND

(III) WHERE AND IN WHAT MANNER INFORMATION IS AVAILABLE ABOUT HOW SERVICES MAY BE OBTAINED; AND

(2) A CLEAR AND UNDERSTANDABLE DESCRIPTION OF THE DENTAL PLAN ORGANIZATION'S METHOD FOR RESOLVING ENROLLEE COMPLAINTS.

(E) SUBSEQUENT CHANGE.

A DENTAL PLAN ORGANIZATION, INSURER, OR MEDICAL OR DENTAL SERVICE CORPORATION THAT MAKES A CHANGE IN EVIDENCE OF COVERAGE OR THE AMOUNT OR PERCENTAGE OF PAYMENT THAT THE ENROLLEE MUST PAY, SHALL ISSUE TO THE ENROLLEE EVIDENCE OF THE CHANGE IN A SEPARATE DOCUMENT.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 587.

In subsection (a) of this section, the former reference to a "certificate" is deleted as included in the defined term "evidence of coverage".

Also in subsection (a) of this section, the former reference to the "evidence of" the total amount or percentage of payment is deleted as surplusage.

In subsection (b)(2) of this section, the former phrase "whether by option or otherwise" is deleted as surplusage.

In subsection (c) of this section, the reference to an amendment to "evidence of coverage" is added for clarity.

In subsection (e) of this section, the reference to a "dental plan organization, insurer, or medical or dental service corporation" that makes a change in evidence of coverage is added for greater precision and to conform with subsection (c) of this section.

Defined terms: "Commissioner" § 1-101

"Dental plan organization" § 14-401

"Dental service" § 14-401

"Enrollee" § 14-401

"Evidence of coverage" § 14-401

"Insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101