

15-103. SIMPLIFIED LANGUAGE REQUIRED.

(A) IN GENERAL.

AN INSURER OR NONPROFIT HEALTH SERVICE PLAN MAY NOT ISSUE OR DELIVER IN THE STATE AN INDIVIDUAL HEALTH INSURANCE POLICY, OR GROUP HEALTH INSURANCE POLICY COVERING A GROUP OF 1,000 LIVES OR LESS, UNLESS THE POLICY OR CERTIFICATE IS:

(1) WRITTEN IN SIMPLIFIED LANGUAGE; AND

(2) APPROVED BY THE COMMISSIONER AS COMPLYING WITH THE SIMPLIFIED LANGUAGE STANDARDS ADOPTED UNDER SUBSECTION (C) OF THIS SECTION.

(B) APPLICABILITY.

SUBSECTION (A) OF THIS SECTION APPLIES:

(1) ON OR AFTER JANUARY 2, 1992; OR

(2) ON OR AFTER JULY 2, 1997, IF THE POLICY OR CERTIFICATE WAS APPROVED BY THE COMMISSIONER ON OR BEFORE JANUARY 1, 1992.

(C) REGULATIONS.

TO ESTABLISH SIMPLIFIED LANGUAGE STANDARDS FOR INDIVIDUAL AND GROUP HEALTH INSURANCE POLICIES AND CERTIFICATES SUBJECT TO THIS SECTION, THE COMMISSIONER SHALL ADOPT REGULATIONS THAT ARE CONSISTENT WITH THE LIFE AND HEALTH INSURANCE POLICY LANGUAGE SIMPLIFICATION MODEL ACT ADOPTED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 438D.

In subsection (b)(1) of this section, the phrase "on or after January 2, 1992" is substituted for the former phrase "[a]fter January 1, 1992" for clarity and to conform to similar provisions in this and other revised articles of the Code. Similarly, in subsection (b)(2) of this section, the phrase "on or after July 2, 1997" is substituted for the former phrase "after July 1, 1997".

In subsection (c) of this section, the reference to policies and certificates "subject to" this section is substituted for the former reference to policies and certificates "issued under subsections (a) and (b) of" this section for clarity and accuracy.

Defined terms: "Commissioner" § 1-101

"Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101