

Defined terms: "Health insurance" § 1-101  
 "Insurer" § 1-101  
 "Policy" § 1-101

15-109. MINIMUM LOSS RATIO FOR SPECIFIED DISEASE POLICIES.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "LOSS RATIO" MEANS THE RATIO OF LOSSES INCURRED TO PREMIUMS EARNED ON POLICIES THAT ARE ISSUED, DELIVERED, OR RENEWED IN THE STATE.

(3) "SPECIFIED DISEASE POLICY" MEANS A HEALTH INSURANCE POLICY THAT PROVIDES:

(I) BENEFITS ONLY FOR A DISEASE OR DISEASES SPECIFIED IN THE POLICY OR FOR A TREATMENT UNIQUE TO A SPECIFIED DISEASE OR DISEASES; OR

(II) ADDITIONAL BENEFITS FOR A DISEASE OR DISEASES SPECIFIED IN THE POLICY OR FOR TREATMENT UNIQUE TO A SPECIFIED DISEASE OR DISEASES.

(B) APPLICABILITY OF SECTION.

THIS SECTION APPLIES TO EACH INDIVIDUAL, GROUP, OR BLANKET HEALTH INSURANCE POLICY OR NONPROFIT HEALTH SERVICE PLAN THAT IS ISSUED OR DELIVERED IN THE STATE.

(C) ESTABLISHMENT.

TO ADMINISTER §§ 12-203, 12-204, AND 12-205 OF THIS ARTICLE, THE COMMISSIONER SHALL ESTABLISH A MINIMUM LOSS RATIO IN ACCORDANCE WITH GENERALLY ACCEPTED ACTUARIAL PRINCIPLES WITH RESPECT TO SPECIFIED DISEASE POLICIES.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 468H, 354W(b), and 477V(b).

In subsection (b) of this section, the reference to each "individual" health insurance policy that is issued or delivered in the State is added to clarify the applicability of this section.

Defined terms: "Commissioner" § 1-101  
 "Health insurance" § 1-101  
 "Policy" § 1-101  
 "Premium" § 1-101

15-110. PROHIBITED REFERRALS.

(A) DEFINITIONS.