GROUP HEALTH INSURANCE

COMPANY:	NAIC Code:
FORM(S):	
DATE:	
SERFF TRACKING NO.:	

This checklist is not required to be included with a form filing. It should be used as a guide in determining which laws and regulations apply to the contract. It is not used for health benefit plans. The items listed below may paraphrase the law or regulation. Unless otherwise specified, all section references are to the Insurance Article of the Annotated Code of Maryland.

Brief Description & Law/Regulation Cite	**"X" Means Applicable**	**Form/ Page**
A. Filing Incomplete or in Unacceptable Format		
A1. NAIC Company Number on Submission Letter **COMAR 31.04.17.03B**		
A2. Duplicate Forms – **COMAR 31.04.17.03A** (Paper filing)		
A3. Premium Rates and Actuarial Memorandum **COMAR 31.10.01.03A** (Include in same SERFF tracking number filing)		
• Unacceptable Loss Ratio - **§12-205(b)(6)**		
A4. Listing of Forms – **COMAR 31.04.17.03C**		
A5. Description of New Features – **COMAR 31.04.17.03J**		
A6. Form Number – **COMAR 31.04.17.03D** (Form Number must be identical to form number in SERFF Form Schedule)		
A7. Corporate Name – **COMAR 31.04.17.03G** and **COMAR 31.10.01.03B**		
A8. Unacceptable Modifications – **COMAR 31.04.17.03H**		
A9. Specimen Data – **COMAR 31.04.17.03K**		
A10. Signature of Officer – **COMAR 31.04.17.03M**		
A11. Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. If other items are desired, include the item – **COMAR 31.04.17.04A(2)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
A12. Contracts Comprised of Insert Pages – **COMAR 31.04.17.04**		
a. Description of How Pages will be Combined **COMAR 31.04.17.04B(1)(b)(i)**		
b. Listing of Substitute Pages **COMAR 31.04.17.04B(1)(b)(ii)**		
c. Form Number and Approval Date for Pages Replaced **COMAR 31.04.17.04B(3)(a)**		
d. Copy of Currently Approved Contract **COMAR 31.04.17.04B(3)(b)**		
A13. Contracts Comprised of Sections – **COMAR 31.04.17.04C**		
a. Description of How Sections will be Combined **COMAR 31.04.17.04C(1)(b)(i)**		
b. Listing of Substitute Sections **COMAR 31.04.17.04C(1)(b)(ii)**		
c. Form Number and Approved Date for Pages Replaced **COMAR 31.04.17.04C(3)(a)**		
d. Copy of Currently Approved Contract **COMAR 31.04.17.04C(3)(b)**		
A14. Signature of Policyholder for Reduction Rider **COMAR 31.10.01.03E**		
A15. Size of Type – **COMAR 31.10.02.02A(4)**		
A16. Simplified Language (Readability Certification) **COMAR 31.10.02**		
A17. Illegible Form - **§12-205(b)(5)**		
A18. Filing Fee Insufficient - **§2-112(a)(10)**		
A19. If any portion of a form is in a language other than English, an English translation shall appear in the same form **COMAR 31.04.17.03F**		

B. Mandated Benefits

B1. Blood Products - **§15-803**		
B2. Cleft Lip/Cleft Palate - **§15-818**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
B3. Health Care Cost Containment		
a. Outpatient Benefit - **§15-819(b)(1)**		
b. Second Opinion - **§15-819(b)(2)**		
B4. Home Health Care - **§15-808**		
B5. Coverage of Face, Neck or Head (TMJ Syndrome) **§15-821**		
B6. Hospice (Required Offering) - **§15-809**; **COMAR 31.10.09**		
B7. Mammography (May not be subject to deductible) **§15-814**		
• Amended to "latest screening guidelines issued by American Cancer Society" for breast cancer screening **§15-814(b)**		
• Coverage for Digital Tomosynthesis that, under accepted standards in the practice of medicine, the treating physician determines is medically appropriate and necessary **Senate Bill 61, Chpt. 677, Acts of 2017 (effective 1/1/18)**		
B8. Child Wellness (May not be subject to deductible) **§15-817**		
a. Include all visits for obesity evaluation and management - **§15-817(c)(2)(v)**		
b. Include all visits for and costs of developmental screening as recommended by the American Academy of Pediatrics - **§15-817(c)(2)(vi)**		
c. Coverage for laboratory tests considered necessary by physician for services in §15-817 **§15-817(c)(2)(vii)**		
d. Physical examination, development assessment, and parental anticipatory guidance for the child to be covered as provided in §15-817 **§15-817(c)(2)(vii)**		
B9. Alzheimer's Disease (Required Offering) - **§15-801**; **COMAR 31.11.05**		
B10. Medical Food and Low Protein Food - **§15-807**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
B11. Reconstructive Breast Surgery - **§15-815**		
• Amended mastectomy definition to delete "breast cancer" **§15-815(a)(2)**		
• Coverage includes physical complications of all stages of mastectomy, including lymphedemas, in manner determined by physician - **§15-815(c)(2)**		
B12. Osteoporosis Prevention and Treatment - **§15-823**		
B13. Prostate Cancer Screening - **§15-825**		
B14. Diabetes Equipment, Supplies, Training - **§15-822**		
B15. Coverage for Medical Clinical Trials - **§15-827**		
B16. General Anesthesia for Dental Care - **§15-828**		
B17. Annual Chlamydia Screening Test - **§15-829**		
• Human Papillomavirus Screening Test **§15-829(c)(2)**		
B18. Coverage for Home Visits If Less than 48 hours of Inpatient Hospitalization is Provided for Surgical Removal of Testicle - **§15-832**		
• Amended to delete "Mastectomy" - **§15-832**		
B19. Coverage for Inpatient Hospitalization for a Minimum of 48 Hours Following Mastectomy or Coverage for Home Visits if less than 48 Hours of Inpatient Hospitalization - **§15-832.1**		
• Mastectomy Definition - **§15-832.1(a)**		
B20. Breast Prosthesis - **§15-834**		
B21. Habilitative Services for Children - **§ 15-835, Senate Bill 297, Chpt. 371, Acts of 2016 (amended effective 10/1/16)**		
• Revised Habilitative Services definition		
• Required to provide health benefits until end of month in which child turns age 19		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
Treatment of autism and autism spectrum disorders under services • Utilization review criteria must comply with **COMAR 31.10.39** • Applied behavior analysis (behavioral health treatment) cannot be excluded – **COMAR 31.10.39.03G**		
B22. Health Care Services Through **Telehealth - §15-139, House Bill 983, Chpt. 765, Acts of 2017 (effective 10/1/17)**		
B23. Hair Prostheses for Hair Loss Resulting from Chemotherapy or Radiation Treatment for Cancer **§15-836**		
B24. Colorectal Cancer Screening - **§15-837; MIA Bulletin 08-33**		
B25. Treatment of Morbid Obesity - **§15-839**		
• If included, utilization review criteria must comply with **COMAR 31.10.33**		
B26. Hearing Aids Coverage for Children - **§15-838**		
• Coverage for adults: If hearing aid coverage is provided with a dollar limit, must allow the choice of a higher price hearing aid with difference in cost paid by the covered person - **§15-838(d)**		
B27. Amino Acid-Based Elemental Formula - **§15-843**		
B28. Prosthetic Devices (including Components and Repairs) **§15-844**		
B29. Preventive Services • Benefits for annual preventive care must be available once per year at any time during the plan year established by the contract. - **§ 15-135**		
• Dental Preventive Care, if benefit is provided, must cover annual benefit at any time during contract's plan year **§15-135.1**		
B30. Ostomy Equipment and Supplies - **§15-848; Senate Bill 241, Chpt. 23, Acts of 2015 (effective 10/1/15)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
B31. Male Sterilization coverage - **§15-826.2, House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)** • Deductible, Copayments or Coinsurance may not be applied - **§15-826.2(b)(2)**		

C. Maternity

C1. Inpatient Hospitalization for Mothers and Newborns		
a. Mandated Coverage - **§15-812**		
b. Additional 4 days Inpatient Stay for Newborn if Mother Requires Inpatient Care - **§15-811**		
c. Coverage of Home Visits for Mothers and Newborns May Not Be Subject to Deductibles, Copays or Coinsurance for health plans - **§15-812(g)(1)**		
d. High-Deductible Health Plan Coverage of Home Visits for Mothers and Newborns May Be Subject to Deductible **§15-812(g)(2)**		
C2. Maternity Care Regardless of Marital Status - **§15-506**		
C3. Hospitalization Same as for Any Other Covered Sickness **§15-811**		
C4. In Vitro Fertilization - **§15-810**		
• Expanded to include coverage for married same sex couples – **House Bill 838, Chpt. 483, Acts of 2015 (effective 7/1/15)**		
• May not require that the patient's oocytes be fertilized by the patient's spouse's sperm if the spouse is unable to produce and deliver functional sperm not resulting from vasectomy or voluntary sterilization **House Bill 11, Chpt. 326, Acts of 2016 (effective 7/1/16 for new and inforce policies)**		

D. Practitioners

D1. Certified Nurse Practitioner, Nurse Anesthetist, Nurse Midwife - **§§15-703, 15-708, 15-709**		
D2. Chiropractor - **§15-705**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
D3. Health Care Providers - **§15-701**		
D4. Optometrists - **§15-710**		
D5. Podiatrists - **§15-713**		
D6. Psychologists - **§15-714**		
D7. Social Workers - **§15-707**		
D8. Community Health Resource - **§15-715**		

E. Eligibility, Open Enrollment and Termination of Coverage

E1. Domestic Partner Coverage, including Child Dependents of Domestic Partner - **§15-403.2 (effective 1/1/08); COMAR 31.10.35**		
E2. Newborn/Adopted Children/Grandchildren/Guardianship **§§15-401, 15-403, 15-403.1**		
E3. Grandchildren and Individuals under Guardianship Coverage to Age 25 - **§15-418 (amended effective 1/1/14)**		
E4. Part-Time Students with Disabilities - **§15-417**		
E5. Incapacitated Children Coverage - **§15-402**		
E6. Court Ordered Coverage of Children - **§15-405**		
a. Coverage Requirements for Enrollment of Child **§15-405(c)**		
b. Special Enrollment Period for Employee and Child Required - **§15-405(h)**		
c. Special Enrollment Period for Child Required - **§15-405(i)**		
d. Prohibited Denials of Coverage for Child Enrollment **§15-405(d)**		
E7. Open Enrollment		
a. Spouse Loses Job - **§15-411**		
b. Dependent Children Upon Death of Spouse - **§15-404**		
E8. Extension of Benefits - **§15-833**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
E9. Continuation		
a. Termination of Employment - **§15-409**; **COMAR 31.11.04**		
b. Divorced Spouses - **§15-408**; **COMAR 31.11.02**		
c. Surviving Spouses - **§15-407**; **COMAR 31.11.03**		

F. Disability

F1. Disability Benefits for Pregnancy or Childbirth - **§15-813**		
F2. Definition of Total Disability – **COMAR 31.10.01.03L**		
F3. Definition of Partial Disability – **COMAR 31.10.01.03M**		
F4. Social Security "Freeze" - **§15-501**		
F5. Conversion Privilege (non-employer contracts only) **§15-413**		
F6. Permit Licensed Health Care Provider to Attest to Rendition Of Service Within the Lawful Scope of His/Her Practice - **§15-701(b)**		

G. Other

G1. Payment of Maryland Hospitals Based on Rate Set by Health Services Cost Review Commission - **§15-604**		
G2. Reimbursement for Services Paid for or Provided by Department of Health and Mental Hygiene - **§15-603**		
G3. **Preferred Provider**		
a. Difference between coinsurance percentage for non-preferred and preferred providers may not exceed 20 percentage points. **§14-205(b)(2)**		
b. PPO contract provisions for the insured to pay the balance bill may not apply to an on-call or hospital-based physician who has accepted an assignment of benefits in accordance with §14-205.2. **§14-205(b)(3)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
c. Insurer's allowed amount paid to non-preferred providers for a health care service covered by a PPO contract may not be less than the allowed amount paid to a similarly licensed provider who is a preferred provider for the same service in the same region. **§14-205(b)(4)**		
d. Coinsurance Amounts for Preferred Provider Must Be based on Negotiated Fees With Insurer - **§15-118(c)**		
e. Referrals to Specialists – Definitions Are Unacceptable **§15-830(a)**		
f. Procedure for Right to Request Referral to Specialist, Including Non-Physician Specialist Not on Carrier's Provider Panel - **§15-830(d)**		
• Referral must be granted if the carrier cannot provide reasonable access to a specialist without unreasonable travel or delay		
g. Gatekeeper-Type PPO Right to Receive Care From In-Network OB/GYN Without Prior Visit to PCP - **§15-816**		
• Right to receive routine OB/GYN care from In-Network, Certified Nurse Midwife without prior visit to PCP - **§15-816(d)**		
h. Procedure for Right to Standing Referral to Network Specialist - **§15-830(b)**		
• Right to standing referral to obstetrician for pregnant members through the postpartum period. Written treatment plan may not be required - **§15-830(b)**		
G4. When member transitions from another carrier or managed care organization, receiving carrier must allow member to continue to receive health care services from a nonparticipating provider under certain circumstances **§15-140, House Bill 228, Chapter 159, Acts of 2013 (effective 1/1/15)**		
G5. Payment Rules for Assignment of Benefits for Physicians on Call and Hospital-Based Physicians - **§14-205.2**		
G6. Payment Rules for Assignment of Benefits for Physicians Not on Call or Hospital-Based Physicians - **§14-205.3**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
G7. Network Sufficiency Requirement – **COMAR 31.10.34**		
G8. Physician Rating System – **Title 15, Subtitle 17**		
G9. **Exclusive Provider Benefit (EPO)** - **§14-205.1**		
a. Does not restrict payment for certain covered services provided by Non-preferred providers - **§14-205.1(a)(2)**		
• For an unforeseen illness, injury or condition requiring immediate care - **§14-205.1(a)(2)(ii)**		
• As required under **§15-830** of Insurance Article		
• For Emergency Services – As defined in **§19-701** of the Health-General Article - **§14-205.1(a)(2)(i)**		
b. Referrals to Specialists – Definitions Are Unacceptable **§15-830(a)**		
c. Procedure for Right to Request Referral to Specialist, Including Non-Physician Specialist Not on Carrier's Provider Panel - **§15-830(d)**		
• Referral must be granted if the carrier cannot provide reasonable access to a specialist without unreasonable travel or delay		
d. Coinsurance Amounts for Preferred Provider Must Be Based on Negotiated Fees With Insurer - **§15-118(c)**		
e. Right to Receive Care From In-Network OB/GYN Without Prior Visit to Primary Care Provider (PCP) - **§15-816**		
• Amended to require right to receive routine OB/GYN care from In-Network, Certified Nurse Midwife without prior visit to PCP - **§15-816(d)**		
f. Procedure for Right to Standing Referral to Network Specialist - **§15-830(b)**		
• Right to referral to obstetrician for pregnant members through the postpartum period. Written treatment plan may not be required - **§15-830(c)**		
g. Required Point-of-Service (POS) benefit rider option if only offering a closed network plan (EPO plan) to Group Policyholder's employees or members - **§14-205.1(b)(1)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
1. POS benefit must include all services under the contract, but would permit the covered individual to receive the services from a Non-Preferred Provider **§14-205.1(b)(1)**		
2. POS benefit must indicate that benefits required under **§14-205.1(a)(2)** (i.e., those for emergency, unforeseen illness, injury, or condition requiring immediate care, or required under **§15-830**) will not be paid under the POS benefit, even if provided by a Non-Preferred Provider, but will pay as if received from a Preferred Provider under the contract - **§14-205.1(b)(1)**		
h. Applications for EPO Contract **§14-205.1(b)(2)**		
1. Group Policyholder Application • Required Disclosure Statement or Actual Option of POS benefit in application		
• If only Disclosure Statement appears in application, a separate application is needed for employer/group application to select POS benefit option		
2. Employee/Member Application • If group policyholder applicant accepts POS benefit option, then primary employee/member application/ enrollment form must include this POS benefit option		
i. When member transitions from another carrier or managed care organization, receiving carrier must allow member to continue to receive health care services from a nonparticipating provider under certain circumstances **§15-140, House Bill 228, Chapter 159, Acts of 2013 (effective 1/1/15)**		
j. Payment Rules for Assignment of Benefits for Physicians on Call and Hospital-Based Physicians - **§14-205.2**		
k. Payment Rules for Assignment of Benefits for Physicians Not on Call or Hospital-Based Physicians **§14-205.3**		
l. Network Sufficiency Requirement – **COMAR 31.10.34**		
m. Physician Rating System – **Title 15, Subtitle 17**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
G10. Complaint process for coverage decisions - **Title 15, Subtitle 10D; COMAR 31.10.29**		
• Revised member definition - **§15-10D-01(k), House Bill 801, Chpt. 122 Acts of 2016 (amended effective 6/1/16)**		
G11. Identify office and process for filing complaints **§15-112(q) (recodified effective 1/1/17)**		
G12. Medicare Supplement Disclaimers for Individuals eligible for Medicare Due To Age (non-employer and non-labor organization contracts only) - **§15-919**		
G13. Standard of Time – **COMAR 31.10.01.03C**		
G14. Right to Elect Alternative Benefits **COMAR 31.10.01.03G**		
G15. Contract Governed by Maryland Law and Maryland Courts - **§§12-209(1), 12-209(2), and 12-209(4)**		
G16. Required Exclusion for Prohibited Practitioner Referral **§15-110(d)**		
G17. Direct Payment of Hospital or Medical Services - **§15-304**		
G18. Payment of Interest on Unpaid Claims - **§15-1005(g) (recodified), House Bill 639, Chpt. 109, Acts of 2016 (effective 10/1/16)**		
G19. Payment of Claims, Unfair Trade Practices **COMAR 31.15.08**		
G20. Notice of Premium Increase – **COMAR 31.10.01.03R**		
G21. Provide written assurance that contract will not be issued to employers with 50 or fewer eligible employees **Title 15, Subtitle 12**		
G22. Reimbursement of Ambulance Service Providers **§15-138**		
G23. Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards **§27-216, Senate Bill 94/House Bill 800, Chpt. 43/Chpt. 44, Acts of 2017 (amended effective 10/1/17); MIA Bulletin 17-10**		

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H. Prescription Coverage Benefit
(applicable only if contract provides prescription drugs)

H1. Coverage of Drugs From Local Pharmacies Same as Mail Order - **§15-805**		
H2. 90 Day Supply for Maintenance Drugs - **§15-824**		
H3. Coverage for Contraceptive Drugs or Devices - **§15-826** • Coverage without a prescription for FDA approved contraceptive drugs that are available by prescription or over the counter (benefit may be limited to drugs received at in-network pharmacies and reasonable frequency limits may be applied) - **§15-826.1(e), House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)**		
a. Copayments or coinsurance for FDA approved contraceptive drug dispensed without a prescription and available by prescription or over the counter may not exceed the copayment or coinsurance for the contraceptive drug when dispensed under a prescription - **§15-826.1(e)(1)(ii), House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)**		
b. 6-month supply of prescription contraceptives **§15-826.1(d), House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)** • Exception if 6-month supply would extend beyond the plan year (subject to maintenance drug requirements in **§15-824**) • Exception for the first 2-month supply of a new prescription or change in prescription		
c. Copayments or coinsurance may not be applied to FDA approved contraceptive drugs or devices prescribed by an authorized prescriber (applies to in-network and out-of-network benefits) **§15-826.1(c)(2)(ii), House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)** • Exception – Copayment or coinsurance may be applied to a contraceptive drug or device that is therapeutically equivalent to another contraceptive drug or device available under the contract without a copayment or coinsurance - **§15-826.1(c)(3)**		
H4. Off Label Use of Drugs - **§15-804**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
H5. For Formulary Benefits – Right to Receive Non-Formulary Drugs - **§15-831** • Must cover a contraceptive prescription drug or device that is not on the formulary if it is medically necessary for the member to adhere to the appropriate use of the prescription drug or device in the judgement of the authorized prescriber - **House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)**		
H6. Coverage for Smoking Cessation Treatment - **§15-841**		
H7. Copayment or Coinsurance may not exceed the retail price of drug - **§15-842**		
H8. Chemotherapy Parity – Coverage for benefits at same (or better) level for oral chemotherapy as benefits for cancer chemotherapy that is administered intravenously or by injection - **§15-846**		
H9. Coverage for Certain Prescription Eye Drop Refills (if contract provides coverage for prescription eye drops) **§§15-845(b)(1) and (b)(2)(i)**		
H10. Step therapy or fail first protocol may not be imposed under certain circumstances - **§15-142(c)**		
• No fail first protocol applied to opioid analgesic drugs before being allowed abuse-deterrent opioid analgesic drugs – **§15-849(c)(2), Senate Bill 606, Chpt. 372, Acts of 2015 (effective 1/1/16)**		
a. Preauthorization cannot be imposed on certain cancer drugs - **§15-142(e)**		
b. Preauthorization cannot be required for certain drug products used to treat opioid use disorder **- §15-850, Senate Bill 967, Chpt. 572, Acts of 2017 (effective 1/1/18)**		
c. Preauthorization cannot be required for drugs used for treatment of opioid addiction **- §15-851, House Bill 887, Chpt. 581, Acts of 2017 (effective 1/1/18)**		
H11. Specialty drugs – Copayment/ Coinsurance Limits - **§15-847, House Bill 761, Chpt. 422, Acts of 2014 (effective 1/1/16)**		
H12. If list of drugs provided in contract, must list 2 name brand and 2 generic abuse-deterrent opioid analgesic drugs **§15-849(c)(1), Senate Bill 606, Chpt. 372, Acts of 2015 (effective 1/1/16)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
H13. Abuse-Deterrent Opioid Analgesic Drug Products – Tier Placement and Step Therapy - **§15-849, Insurance, Senate Bill 606, Chpt. 372, Acts of 2015 (effective 1/1/16)** • If contract lists specific drugs that are covered, must list at least two brand name and two generic abuse-deterrent opioid analgesic drugs on the lowest cost tier		

I. Prohibited Provisions, Limitations and Exclusions

I1. Damage to Conveyance - **COMAR 31.10.01.03N**		
I2. Chronic or Organic Disease - **COMAR 31.10.01.03-O**		
I3. Frequency of Physician Visits - **COMAR 31.10.01.03-I**		
I4. Reimbursement Language - **COMAR 31.10.01.03P**		
I5. Strict Compliance Language - **COMAR 31.10.01.03Q**		
I6. May not limit or exclude loss due to insured's commission of or attempt to commit a crime - **COMAR 31.11.10.06A(1)**		
I7. May not limit or exclude loss to which a contributing cause was the insured's being engaged in an illegal occupation - **COMAR 31.11.10.06B(1)**		
I8. May not limit or exclude loss due to use of intoxicants or narcotics - **COMAR 31.11.10.06C**		
a. Sustained or contracted in consequence of the insured being intoxicated or under the influence of any drug **COMAR 31.11.10.06C(1)(a)**		
b. Due to the use of alcohol **COMAR 31.11.10.06C(1)(b)**		
c. Due to the use of drugs or narcotics **COMAR 31.11.10.06C(1)(c)**		
d. Due to alcoholism or drug addiction **COMAR 31.11.10.06C(1)(d)**		
I9. Preexisting Conditions – **COMAR 31.04.17.18** and **COMAR 31.11.10.06D**		
I10. Preexisting Condition exclusion may not apply to newly born or newly adopted dependent child/grandchild or minor for guardianship - **§15-401**		

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I11. Arbitration Provision - May Not Require Insured or Policyholder to Use Arbitration to Settle Disputes with Insurer **COMAR 31.11.10.07C**		
I12. Good Health Warranty Not Permitted - **COMAR 31.04.17.10B**		
I13. Physical Therapist Time Limitations - **§15-711(b)**		
I14. May not coordinate against guaranteed renewable individual intensive care or specified disease policies - **§15-104**		
I15. May Not Discourage or Prohibit access to the 911 emergency system - **§15-126**		
I16. Benefits for Treatment of a Specified Disease or Diagnosis May Not Be Subject to Different Copays, Coinsurance, Deductibles, Annual or Lifetime Maximums **§27-913**		
I17. Denial of Reimbursement for Pre-authorized Care Prohibited Except for Limited Reasons - **§15-1009**		
I18. Denial of Medically Necessary Inpatient Ancillary Charges Prohibited - **§27-303, MIA Bulletin L&H 99-25**		
I19. Prohibited Discrimination on Domestic Violence Victims - **§27-504; 26 CFR §54.98021(b)(2)(iii)**		
I20. Self Destruction - **COMAR 31.04.17.11B**		
I21. State Hospitals, etc., Charitable or Otherwise - **§15-602**		
I22. House Confinement, Medical Treatment Permitted Elsewhere - **§15-505**		
I23. No Reduction for Medical Assistance Program - **§15-502**		
I24. May not deny, cancel, or refuse to renew coverage because insured has been exposed to diethylstilbestrol **§15-503**		
I25. May not include an exclusion for expenses covered by an automobile policy (PIP) - **§15-104(d)**		
I26. May not provide benefits that are secondary to benefits under an automobile policy, including PIP - **§15-104(d)**		
I27. Benefits for Infertility may not discriminate against same-sex married couples who might require such services - **§15-810(b), House Bill 838, Chpt. 483, Acts of 2015 (effective 7/1/15)**		

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I28. Advertising Prohibited - **COMAR 31.04.17.07**		
I29. May not deny behavioral counseling services provided by participating provider solely on the basis that it is school based **§15-510, House Bill 786, Chpt. 583, Acts of 2017 (effective 7/1/17)**		
I30. Art Therapy May Not Be Excluded - **§15-704, House Bill 298, Chpt. 219, Acts of 2017 (effective 10/1/17)**		
I31. Prohibits denying organ transplantation solely on basis if an insured's or enrollee's disability (if contract provides organ transplantation) - **§27-915, Senate Bill 792, Chpt. 383, Acts of 2015 (effective 5/12/15)**		

J. Required Standard Provisions

J1. Required Standard Provisions - **COMAR 31.11.10.03**		
J2. Entire Contract - **COMAR 31.11.10.04A**		
J3. Contestability of Coverage - **COMAR 31.11.10.04B**		
J4. Notice of Claim - **COMAR 31.11.10.04C**		
J5. Claim Forms - **COMAR 31.11.10.04D**		
J6. Proofs of Loss - **COMAR 31.11.10.04E**		
a. Extends proof of loss period to one year for claim - **§12-102, Senate Bill 887, Chpt. 445, Acts of 2016 (effective 1/1/17)** • If not reasonably possible to submit claim within one year, time period extended to two years after date of service - **§12-102(c)(2)** • Enrollee's legal incapacity shall suspend the time to submit a claim		
b. Methods for Claim Submission - **§15-1011, Senate Bill 450, Chpt. 35, Acts of 2015 (effective 10/1/15, applicability 10/1/17)** • Provider must be permitted minimum of 180 days to file claim - **§15-1005(e)**		
J7. Time of Payment of Claims - **COMAR 31.11.10.04F**		
J8. Payment of Claims - **COMAR 31.11.10.04G**		
J9. Legal Action - **COMAR 31.11.10.04H**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
J10. Grace Period - **COMAR 31.11.10.04-I**		
J11. Certificates - **COMAR 31.11.10.04J**		
J12. Addition of Employees/Members - **COMAR 31.11.10.04K**		
J13. Misstatement of Age - **COMAR 31.11.10.04L**		
J14. Premium Due Date - **COMAR 31.11.10.04N**		

K. Optional Provisions

K1. Physical Examination - **COMAR 31.11.10.07A**		
K2. Autopsy - **COMAR 31.11.10.07B**		
K3. Arbitration - **COMAR 31.11.10.07C**		

L. Utilization Review

L1. Grievance Procedure Not Included. Please Advise Where Grievance Information Is Provided - **§15-10A-02(k)**		
• Company not certified as Private Review Agent in Maryland - **§15-1001; Title 15, Subtitle 10B; COMAR 31.10.18**		
L2. Utilization review agent must be reasonably available 7 days a week, 24 hours a day - **§15-10B-05(a)(4)**		
L3. May not require preauthorization for emergency care **§12-205(b)**		
L4. May not require prior authorization for an IUD or implantable rod if the IUD or implantable rod is approved by the FDA and obtained under a prescription written by an authorized prescriber - **§15-826.1(c)(2)(i), House Bill 1005, Chpt. 437, Acts of 2016 (effective 1/1/18)**		
L5. Initial authorization of course of treatment made:		
a. For non-emergencies, within 2 working days of receipt of information necessary to make determination **§15-10B-06(a)(1)(i)**		
b. For extended stays or additional health care services, within 1 working day of receipt of necessary information - **§15-10B-06(a)(1)(ii)**		

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c. For emergency inpatient or residential crisis services admissions for the treatment of a mental, emotional, or substance abuse disorder, within 2 hours of receipt of the necessary information - **§15-10B-06(a)(3)**		
L6. PRA must inform healthcare provider that additional information is needed to make determination within 3 calendar days after initial request - **§15-10B-06(a)(2)**		
L7. Notice of adverse decision must be provided within 5 working days after adverse decision is made to member, member's representative and a health care provider acting on behalf of the member - **§15-10A-02(f)(2)**		
L8. May not retroactively deny approval of preauthorized services - **§15-10B-07(c)**		
L9. If provider requests immediate reconsideration of denial, must give decision by telephone within 24 hours of request - **§15-10B-06(b)**		
L10. May not deny authorization for inpatient emergency care on basis of late notification from the hospital, if patient's condition prevented the hospital from knowing insurance status or emergency notice process - **§15-10B-06(c)**		
L11. Involuntary or voluntary psychiatric admission of patient in danger - may not deny care during the first 24 hours after voluntary inpatient admission or 72 hours after involuntary admission - **§15-10B-06(d)**		
L12. When health plan is the receiving carrier, the health plan must, upon request, accept a preauthorization from the relinquishing carrier for the lesser of the course of treatment or 90 days; and for pregnancy the duration of the 3 trimesters of pregnancy and the initial postpartum visit. - **§15-140(c)(1) and §15-140(c)(2)**		

M. Applications

M1. Check-off boxes required for carrier name if application is to be used by more than one carrier - **COMAR 31.04.17.06-I(2)**		
M2. If application is to be completed by more than one individual, application signature box must clearly indicate that signature applies only to portion of application completed by that individual - **COMAR 31.04.17.06J**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/ Page
M3. Application shall stipulate the plan and amount of insurance and any added optional benefits applied for **COMAR 31.04.17.06A**		
M4. Questions on Applications		
a. Seven-Year Limit for Health Questions - **§12-205(b)(9)**		
b. May Not Inquire About Genetic Tests or Genetic Information - **§27-909(c)**		
c. Domestic Violence - **§27-504**		
d. Health questions must be asked to the best of the applicant's knowledge and belief or application must include statement that all answers provided are representations and are not warranties **COMAR 31.04.17.06E; §12-207**		
e. Questions about "hazardous activities" must list activities considered to be "hazardous" - **COMAR 31.04.17.06C**		
f. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming" **COMAR 31.04.17.06D**		
g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications" **COMAR 31.04.17.06F** and **31.04.17.06G**		
M5. Insurance Fraud-Required Disclosure Statement - **§27-805; MIA Bulletin 12-07**		
M6. Application Changes - **§12-202(c)**		
M7. Proxy - **COMAR 31.04.17.08**		
M8. Good Health Warranty not permitted - **COMAR 31.04.17.10B**		
M9. Certain States - **COMAR 31.04.17.06B**		
M10. Description of the preexisting conditions limitation is not the same as in the policy - **§12-205(b)(2)**		

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M11. There is a statement that if the applicant answers the questions in a particular manner, coverage will not be provided to the affected person. To use this statement, provide written assurance that there must be a signed waiver/exclusion rider attached to policy to exclude person from coverage - **COMAR 31.11.10.06D(4)**		

COMMENTS: