

GROUP LONG TERM CARE 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. 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.

A. Filing Incomplete or in Unacceptable Format

	Citation	Description	"X" Means Applicable	Form/ Page
A1.	COMAR 31.10.01.03A	Premium Rates and Actuarial Memorandum (Include in same SERFF tracking number filing)		
A2.	COMAR 31.04.17.03I(2)	If the filing is not being made by the insurer, the filer must submit a signed third party authorization letter from the insurer.		
A3.	COMAR 31.04.17.03C	Listing of Forms		
A4.	COMAR 31.04.17.03J	Description of New Features		
A5.	COMAR 31.04.17.03D	Form Number (Form number must be identical to form number in SERFF Form Schedule)		
A6.	COMAR 31.04.17.03G COMAR 31.10.01.03B	Corporate Name		
A7.	COMAR 31.04.17.03H	Unacceptable Modifications		
A8.	COMAR 31.04.17.03K	Specimen Data		
A9.	COMAR 31.04.17.03M	Signature of Officer		
A10.	COMAR 31.04.17.04A(2)	Form contains items in brackets, denoting variability. Submit specific description of how each item can vary.		
A11.	COMAR 31.04.17.04	Contracts Comprised of Insert Pages		
	COMAR 31.04.17.04B(1)(b)(i)	a. Description of How Pages will be Combined		
	COMAR 31.04.17.04B(1)(b)(ii)	b. Listing of Substitute Pages		
	COMAR 31.04.17.04B(4)(a)	c. Form Number and Approval Date for Pages Replaced		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.04.17.04B(4)(b)	d. Copy of Currently Approved Contract		
A12.	COMAR 31.04.17.04C	Contracts Comprised of Sections		
	COMAR 31.04.17.04C(1)(b)(i)	a. Description of How Sections will be Combined		
	COMAR 31.04.17.04C(1)(b)(ii)	b. Listing of Substitute Sections		
	COMAR 31.04.17.04C(3)(a)	c. Form Number and Approval Date for Pages Replaced		
	COMAR 31.04.17.04C(3)(b)	d. Copy of Currently Approved Contract		
A13.	COMAR 31.04.17.07	Advertising Prohibited		
A14.	COMAR 31.10.02.02A(4)	Size of Type		
A15.	COMAR 31.10.02	Simplified Language (Readability Certification)		
A16.	§12-205(b)(5)	Illegible Form		
A17.	§2-112(a)(10)	Filing Fee Insufficient		
A18.	COMAR 31.04.17.03F	Language other than English in Form		
A19.	COMAR 31.14.01.16D(3)	Required Filing Materials for Associations Not Received		
A20.	COMAR 31.14.01.16D(11) and COMAR 31.14.01.16D(12)	Standards for Marketing to Associations: Required Insurer's Written Assurance that Insurer Agrees that It May Not Issue Long Term Care Policy or Certificate to an Association or Continue to Market a Long Term Care Policy or Certificate to an Association Unless Such Insurer Certifies Annually to the Maryland Insurance Administration that the Association has Complied with the Requirements Set Forth in COMAR 31.14.01.16D		
A21.	COMAR 31.14.03.05	Long Term Care Partnership Policy filing submission must be separate from Long Term Care Partnership Policy certification filing submission		
A22.	Title 18, Subtitle 1; COMAR 31.14.03.05A	Long Term Care Partnership Policy must comply with requirements for Long Term Care insurance under		
A23.	COMAR 31.14.03.05D	Long Term Care Partnership Policy must comply with COMAR 31.14.01		

B. Mandated Benefits/Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	§18-101(f)(1)	24 Consecutive Months Minimum Coverage		
B2.		Renewability Provision		
	§18-118(a)(1)	a. Noncancellable or Guaranteed Renewable for Life		
	COMAR 31.14.01.04F(1)	b. Permissible Causes of Termination		
	COMAR 31.14.01.04A(2)	c. Statement Required That Premium Rates May Change If Insurer has Right To Change Premium		
B3.	§18-112; COMAR 31.14.01.04H	Required Continuation or Conversion Provision		
B4.	COMAR 31.14.02.03K	45 Day Notice of Premium Increase at Renewal		
B5.	§18-119(b); COMAR 31.14.01.04J(1)	30 Day Right to Return Policy Provision (not applicable for employer-employee group policy)		
B6.	18-103(c)(5); COMAR 31.14.01.16A(2)	Notice to Buyer on First Page		
B7.	COMAR 31.14.01.06A(2)	Notice on First Page If Application Is Part of Certificate		
B8.	§18-107(4)	Required Statement Whether Policy or Contract is Intended to Qualify As a Partnership Policy under the Maryland Partnership for Long Term Care Program under Title 15, Subtitle 4 of the Health-General Article		
B9.	§18-118(c)	Extension of Benefits		
B10.		Definitions May Not Be More Restrictive Than the Following:		
	COMAR 31.14.01.02B(2)	a. Acute Condition		
	COMAR 31.14.01.02B(3)	b. Adult Day Care		
	COMAR 31.14.01.02B(4)	c. Alzheimer's Disease		
	COMAR 31.14.01.02B(9)	d. Cognitive Impairment		
	COMAR 31.14.01.02B(11)	e. Domiciliary Care		
	COMAR 31.14.01.02B(28)	f. Nursing Home		
	COMAR 31.14.01.02B(17)	g. Hands-on Assistance		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.02B(17)	g. Hands-on Assistance		
	COMAR 31.14.01.02B(32)	h. Personal Care		
	§18-101(i); COMAR 31.14.01.02B(34)	i. Pre-Existing Condition		
	COMAR 31.14.01.05B	j. "Usual and Customary" Must Be Defined If Used		
B11.	COMAR 31.14.01.03A	Define Services in Relation to Level of Skill Required		
B12.	COMAR 31.14.01.03B(1)	Define Providers of Service		
B13.	COMAR 31.14.01.03B(2)	If type of provider requires provider to be appropriately licensed, certified or registered; definition must state the requirements a provider must meet instead of licensure, certification, or registration when the state in which the service is to be furnished does not require provider of these services to be licensed, certified or registered; or licenses, certifies or registers the provider under another name		
B14.	COMAR 31.14.01.05E(1)	Benefit Triggers - Activities of Daily Living and Cognitive Impairment		
B15.		Contingent Benefit		
	COMAR 31.14.01.13E	a. Contingent Benefit Upon Lapse Provision (effective 4/1/03 except for certificates under employer group LTC policy which was in force before 04/01/03)		
	COMAR 31.14.01.13D(1)	1. If Nonforfeiture Benefit in COMAR 31.14.01.13B(1) is rejected, Contingent Benefit Upon Lapse must be provided at issue		
	COMAR 31.14.01.13D(2)	2. If Nonforfeiture Benefit in COMAR 31.14.01.13B(1) is accepted, a Policy with Fixed or Limited Premium Paying Period Contingent Benefit Upon Lapse still applies		
	COMAR 31.14.01.13F	3. Nonforfeiture Benefit Under Contingent Benefit Upon Lapse Provision must Meet Requirements of		
	COMAR 31.14.01.13F(6)	4. Contingent Benefit Upon Lapse is effective during first 3 years the policy is in force, as well as after the first 3 years the policy is in force		

Citation	Description	"X" Means Applicable	Form/ Page
COMAR 31.14.01.13F	5. Contingent Benefit Upon Lapse Triggers for Policy with No Limited Paying Premium Period		
COMAR 31.14.01.13E(5)	<ul style="list-style-type: none"> Required Table for Triggers for a Substantial Premium Increase for Policy with No Limited Premium Paying Period 		
COMAR 31.14.01.13E(7)	<ul style="list-style-type: none"> Insurer Offer Requirements for Substantial Premium Increase for Policy with No Limited Premium Paying Period 		
COMAR 31.14.01.13E(6)(a)	6. Contingent Benefit Upon Lapse Triggers for Policy with Fixed or Limited Premium Paying Period		
COMAR 31.14.01.13E(6)(c)	<ul style="list-style-type: none"> Required Table for Triggers for Policy with Fixed or Limited Premium Paying Period 		
COMAR 31.14.01.13E(6)(d)	<ul style="list-style-type: none"> Contingent Benefit Upon Lapse for Policy with Fixed or Limited Premium Paying Period Provision is in addition to Contingent Benefit Upon Lapse for Policy with Policy with No Fixed Premium Paying Period Provision. When both contingent benefits are triggered, the benefit provided is the insured's option 		
COMAR 31.14.01.13E(9)	<ul style="list-style-type: none"> Insurer Offer Requirements for Substantial Premium Increase for Policy with Fixed or Limited Premium Paying Period 		
	<ul style="list-style-type: none"> Even if Offer of Nonforfeiture Benefit Under COMAR 31.14.01.13B(1) is accepted for a policy with a fixed or limited premium paying period, the contingent benefit upon lapse benefit in COMAR 31.14.01.13E(6) still applies 		
§18-116.1	b. Contingent Benefit Upon Lapse		

	§18-116.1(b)	<p>1. applies to policies or contracts issued or delivered in state before 4/01/03 for rate increases approved on after 6/01/19 if</p> <ul style="list-style-type: none"> • the carrier increases the premium rate for the insured • the insured has maintained the policy or contract through the carrier for at least 20 years; and • the insured terminates the policy or contract within 120 days after the date the premium rate increase becomes effective for the policy or maintained by the insured 		
	§18-116.1(c)(1)	<p>2. Must provide a paid-up coverage:</p> <ul style="list-style-type: none"> • with no additional premiums due; and • with a reduced lifetime maximum benefit equal to the sum of all premium paid minus any claims paid 		
	§18-116.1(c)(2)	<p>3. Except for the maximum lifetime benefit calculated in accordance with §18-116.1(c)(1), all other benefits of the policy or contract in effect on the date of the lapse of the policy or contract shall remain unchanged and may not be increased after the date of the lapse of the policy or contract</p>		
B16.	COMAR 31.14.01.26F	Clear Description of Process For Appealing and Resolving Benefit Determination (effective 4/01/03, not applicable to certificates issued under employer group LTC policy that was in force before 4/01/03)		

C. Other Mandated Benefits

	Citation	Description	"X" Means Applicable	Form/ Page
C1.	§18-114(b)	Inflation Protection a. Required Offer		
		<ul style="list-style-type: none"> • Group policyholder cannot reject inflation protection benefit for Long Term Care Partnership Policy 		
	§18-114(c); COMAR 31.14.01.12	b. Minimum Requirements		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.03.05F COMAR 31.14.03.05F(1)(a)	c. Long Term Care Partnership Policy Inflation Protection Benefit Minimum inflation protection benefit <u>required</u> for Individual younger than 76 years old 1. Individual younger than 61 years old: <ul style="list-style-type: none"> • 1 percent compound annual inflation protection or; • compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban 		
	COMAR 31.14.03.05F(1)(b)	2. Individual older than 61 years old, but younger than 76 years old: <ul style="list-style-type: none"> • <u>Required</u> to provide inflation protection, but applicant is permitted to reject level of inflation protection required by COMAR 31.14.01.12A 		
	COMAR 31.14.03.05F(2)	3. Required inflation protection benefit may not be alternative inflation protection option permitted under COMAR 31.14.01.12B for an individual who is younger than 76 years old		
	COMAR 31.14.03.05F(5)(a)	4. If inflation protection benefit is based on Consumer Price Index, it must include text that if Consumer Price Index is discontinued or substantially changed, the carrier may substitute with comparable index only with prior approval by the Commissioner		
	COMAR 31.14.03.05F(5)(b), COMAR 31.14.03.05F(5)(c)	5. Requirements for inflation protection benefit based on increases in the Consumer Price Index		
C2.	COMAR 31.14.01.13B(1), COMAR 31.14.01.13K	Nonforfeiture Benefits a. Required Offer		
	COMAR 31.14.01.13C, COMAR 31.14.01.13F	b. Minimum Benefit		
	COMAR 31.14.01.13F(4), COMAR 31.14.01.13G	c. Calculation of the Nonforfeiture Credit		
C3.	COMAR 31.14.01.11A(1), COMAR 31.14.01.11E	Home Health Care a. Required Offer		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.11A(2)	b. Minimum Benefit Requirement		
	COMAR 31.14.01.11B	c. May Offer Benefit Less Than Required By COMAR 31.14.01.11A(2) - Only When Written Rejection Received From Applicant		
	§18-110(a); COMAR 31.14.01.02B(18)	d. Definition of Home Health Care Services		
	COMAR 31.14.01.11C(1)	e. May Not Condition Benefits on the Need for Nursing Facility or Hospital Care		
	§18-110(b)(2)	f. May Not Condition Benefits on Insured First for Simultaneously Receiving Nursing or Therapeutic Services at Home or in a Community Setting		
	§18-110(b)(3)	g. May Not Limit Eligible Services Provided by RN or LPN		
	§18-110(b)(4)	h. May Not Require Nurse or Therapist Perform Services Which May Be Performed By Other Licensed Provider		
	§18-110(b)(5)	i. May Not Require Insured to Have Acute Condition		
	§18-110(b)(6)	j. May Not Limit Benefits to Services Provided By Medicare-Certified Providers		
	COMAR 31.14.01.11C(7)	k. May Not Exclude Coverage for Personal Care Services provided by a Home Health Aide		
	COMAR 31.14.01.11C(8)	l. May Not Require Home Health Care Services Be at a Level of Certification or Licensure Greater than that Required by the Eligible Service		
C4.	§15-809	Hospice Care a. Required offer		
	COMAR 31.10.09	b. Minimum benefits		

D. Required Standard Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
D1.	COMAR 31.11.10.03	Required Standard Provisions		
D2.	COMAR 31.11.10.04A	Entire Contract		

	Citation	Description	"X" Means Applicable	Form/ Page
D3.	COMAR 31.11.10.04B	Contestability of Coverage (not applicable to group Federally Qualified LTC Insurance Plans)		
D4.	COMAR 31.11.10.04C	Notice of Claim		
D5.	COMAR 31.11.10.04D	Claim Forms		
D6.	COMAR 31.11.10.04E	Proofs of Loss		
	§15-1005(d)	For contracts that provide direct reimbursement to providers, must include statement that providers have 180 days from date of service to submit claim for payment		
D7.	COMAR 31.11.10.04F	Time of Payment of Claims		
D8.	COMAR 31.11.10.04G	Payment of Claims		
D9.	COMAR 31.11.10.04H	Legal Actions		
D10.	COMAR 31.11.10.04I	Grace Period		
D11.	COMAR 31.11.10.04J	Certificates		
D12.	COMAR 31.11.10.04K	Addition of Employees/Members		
D13.	COMAR 31.11.10.04L	Misstatement of Age		
D14.	COMAR 31.11.10.04N	Premium Due Date		

E. Optional Standard Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
E1.	COMAR 31.11.10.07A	Physical Examination		
E2.	COMAR 31.11.10.07B	Autopsy		
E3.	COMAR 31.11.10.07C	Arbitration		

F. Prohibited Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
F1.	§18-111	Alzheimer's Disease or Other Senile Dementia Exclusion		
F2.	COMAR 31.14.01.04B(1)(a)	May Not Be Canceled, Non Renewed or Terminated Due To Age or Deterioration of Mental or Physical Health		
F3.	COMAR 31.14.01.04B(1)(b)	New Waiting Periods for Replaced or Converted Coverage		

	Citation	Description	"X" Means Applicable	Form/ Page
F4.	COMAR 31.14.01.04B(1)(c)	Exclusively Skilled Nursing Care Coverage		
F5.	COMAR 31.14.01.04B(1)(c)	Reduction of Benefits for Non-Skilled Care in a Facility		
F6.	COMAR 31.14.01.04D(2)	Providing Benefits at Lower Level of Care Only If Higher Level of Care Previously Received		
F7.	COMAR 31.14.01.04D(1)	Prior Institutionalization Required		
F8.	COMAR 31.14.01.04B(4)	May Not Deny Claim Because Services Are Provided in a State other than State of Policy Issue Under Allowed Conditions Shown		
F9.	§15-505	Home Confinement Treatment Permitted Elsewhere		
F10.	COMAR 31.10.01.03P	Reimbursement Language		
F11.	COMAR 31.04.17.10B	Good Health Warranty not permitted		
F12.	COMAR 31.10.01.03Q	Strict Compliance Language		
F13.	COMAR 31.14.01.04F	Contains Non-Permissible Termination Provisions		

G. Limitations and Exclusions

	Citation	Description	"X" Means Applicable	Form/ Page
G1.	§18-109(b); COMAR 31.14.01.04B(2)	Contains Non-Permissible Limitations or Exclusions		
G2.	COMAR 31.14.01.04C, COMAR 31.14.01.04C(1)	Pre-Existing Conditions Exclusion a. May Not Exclude For Longer Than 6 Months		
	COMAR 31.14.01.05C	b. Must Appear in Separately Titled Paragraph		
G3.	§15-502	May Not Reduce Benefits For Services Covered By: a. Medicaid		
	§15-603	b. Department of Health		
	§19-507	c. Automobile Coverage		
G4.	§15-602	May Not Reduce Benefits For Services: a. Received In State, County or City Institutions		
	§15-10B-07	b. Which Are Approved By Private Review Agent (PRA)		

	Citation	Description	"X" Means Applicable	Form/ Page
G5.	§15-110(d)	Required Exclusion for Prohibited Practitioner Referral		
G6.	§27-504	Prohibited Discrimination for Domestic Violence Victims		

H. Replacement

	Citation	Description	"X" Means Applicable	Form/ Page
H1.	COMAR 31.14.01.10	Must Waive Exclusionary Periods to the Extent Covered Under a Prior Plan		

I. Other Contract/Rider Requirements

	Citation	Description	"X" Means Applicable	Form/ Page
I1.	COMAR 31.10.01.03C	Standard of Time		
I2.	COMAR 31.10.01.03G	Right to Elect Alternative Benefits		
I3.		Prescription Drugs (applicable only if contract provides prescription drugs)		
	§15-824	a. 90 Day Supply for Maintenance Drugs <ul style="list-style-type: none"> • Exception for first prescription or change in prescription 		
	§15-805	b. Coverage of Drugs from Local Pharmacies Same as Mail Order		
	§15-804	c. Off Label Use of Drugs		
	§15-804(a)(4)	• Include "Standard reference compendia" definition		
	§15-827	d. Coverage for Medical Clinical Trials (required for contracts with expense incurred hospital, medical, surgical or pharmaceutical benefits)		
	§15-831	e. May use a formulary for brand-name drugs in compliance with §15-831		

	Citation	Description	"X" Means Applicable	Form/ Page
	§15-831	<ul style="list-style-type: none"> • Apply formulary exception process to drugs or devices that are removed from formulary or moved to a higher deductible, copayment or coinsurance tier, or coinsurance tier if in the judgement of the authorized prescriber: <ul style="list-style-type: none"> o there is no equivalent prescription drug or device in the formulary in a lower tier; o an equivalent drug or device in a lower tier has been ineffective in treating the disease or condition or has caused or is likely to cause an adverse reaction or other harm to the member; or o for a contraceptive drug or device, the prescription drug or device not on the formulary is medically necessary for the member to adhere to the appropriate use of the prescription drug or device. 		
	§15-841	f. Coverage for Smoking Cessation Treatment		
	§15-842	g. Copayment or coinsurance for prescription drug or device may not exceed the retail price of drug or device		
	§15-845(b)(1), §15-845(b)(2)(i)	h. Coverage for Certain Prescription Eye Drop Refills (if contract provides coverage for prescription eye drops)		
	§15-142(c)	i. Step therapy or fail first protocol may not be imposed under certain circumstances		
	§15-142(e)	1. Preauthorization cannot be imposed on certain cancer drugs		
	§15-850	2. Preauthorization cannot be required for certain drug products used to treat opioid use disorder		
	§15-851	3. Preauthorization cannot be required for certain drugs used for treatment of opioid addiction		
	§15-854	j. Limits on prior authorization requirements for certain drugs		
	§15-849	k. Abuse-Deterrent Opioid Analgesic Drug Products – Tier Placement and Step Therapy		

	Citation	Description	"X" Means Applicable	Form/ Page
	§15-849(c)(1)	<ul style="list-style-type: none"> 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 		
	§15-849(c)(2)	<ul style="list-style-type: none"> No fail first protocol applied to opioid analgesic drugs before being allowed abuse-deterrent opioid analgesic drugs 		
	§15-847	i. Specialty Drugs- Copayment/Coinsurance Limits		
	§15-847(a)	<ul style="list-style-type: none"> Definition excludes drugs for the treatment of diabetes, HIV, or AIDS 		
	§15-847.1	m. Prescription drugs for the treatment of diabetes, HIV, or AIDS -- Copayment/Coinsurance limits		
	§15-822.1	n. Copayment or coinsurance for insulin cannot be more than \$30 for a 30-day supply, regardless of amount or type of insulin needed.		
	§15-846	o. 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		
	§15-852	p. Prorated daily copayment/coinsurance for partial supply of prescription drug dispensed by in-network pharmacy		
	§15-858, House Bill 970, Chpt. 684, Acts of 2022 (effective 01/01/23)	q. Prohibition on prior authorization for prescription drugs used as Postexposure Prophylaxis for the prevention of HIV if the drug is prescribed for use in accordance with Centers for Disease Control and Prevention guidelines		
14.	COMAR 31.14.01.04C(4)	Riders <ul style="list-style-type: none"> a. Waiver Riders Not Permitted After 6 Month Waiting Period 		
	COMAR 31.14.01.05A(3)	b. Rider Premium Must be shown in Rider or Policy		
	COMAR 31.14.01.05A(2)	c. Insured Signature Required If Issued After Policy Date, and if Rider Increases Premium		

	Citation	Description	"X" Means Applicable	Form/ Page
15.	COMAR 31.11.10.07C	Arbitration Provision – May Not Require Insured or Group Policyholder To Enter Binding Arbitration to Settle Disputes with Insurer		
16.	COMAR 31.14.01.07F	Unintentional Lapse Provisions a. Notice to insured (certificate holder) and designated third party of nonpayment of premium must be given at least 30 days prior to termination of coverage		
	COMAR 31.14.01.07G	b. Five months right to reinstate policy if proof of cognitive impairment or loss of functional incapacity is provided		
17.	COMAR 31.14.01.07A(1), COMAR 31.14.01.07B	Required Written Designation of Individual To Receive Notice of Termination of Certificate for Nonpayment of Premium		
18.	COMAR 31.14.01.07C	Required Waiver Text for an Applicant's Signed and Dated Rejection of Designated Individuals To Receive Notice of Nonpayment of Premium		
19.	COMAR 31.14.01.36	Right to Reduce Coverage and Lower Premiums 1. Right to Reduce Coverage Provision a. Required provision that allows the policyholder or certificateholder to reduce coverage and lowers the policy or certificate premium to do at least one of the following: 1. Reduce the maximum benefit; or		
	COMAR 31.14.01.36B(1)	2. Reduce the daily, weekly, or monthly benefit amount (applicable to long term care policies issued in Maryland on or after 9/10/08)		
	COMAR 31.14.01.36B(2)	b. Carrier may also offer other reduction options that are consistent with the policy or certificate design or the insurer's administrative processes (applicable to long term care policies issued in Maryland on or after 9/10/08)		
	COMAR 31.14.01.36B(3)	c. If the reduction in coverage involves the reduction or elimination of the inflation protection provision, carrier shall allow policyholder to continue benefit amount in effect at time of the reduction (applicable to long term care policies issued in Maryland on or after 3/01/18)		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.36C	d. Required provision must include description of ways in which coverage may be reduced and the process for requesting and implementing a reduction in coverage		
	COMAR 31.14.01.36D	2. Premium or Reduced Coverage		
	COMAR 31.14.01.36D(1)	a. Age used to determine premium for coverage is based on age used to determine premiums currently in force (applicable to long term care policies issued in Maryland on or after 9/10/08)		
	COMAR 31.14.01.36D(2)	b. Premium based on same age and underwriting class used to determine the premium for the coverage currently in force and be consistent with approved rate table		
110.	COMAR 31.14.01.35A and COMAR 31.14.01.35B	Availability of New Services or Providers; Exchanges a. Notice Required for New LTC Series Coverage for New LTC Services or Providers		
	COMAR 31.14.01.35D	b. Method Options to Make New LTC Coverage Available		
111.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payments and Charging of Fees for Use of Credit Cards		
112.	§15-716, House Bill 1151, Chpt. 301, Acts of 2023 (amended effective 01/01/24); §15-701	May not exclude coverage for licensed pharmacists providing patient assessment regarding and in administering self-administered medications or maintenance injectable medications when acting within lawful scope of practice		
	§15-716, House Bill 1151, Chpt. 301, Acts of 2023 (amended effective 01/01/24)	<ul style="list-style-type: none"> May not condition on whether pharmacist is employed by a physician, pharmacy, or facility or acting under physician's order 		

J. Applications

	Citation	Description	"X" Means Applicable	Form/ Page
J1.		Health Questions (Certificate holder)		
	§12-205(b)(9)	a. Health Questions Limited to 7 Prior Years		
	COMAR 31.14.01.09A	b. Question is Unclear or Ambiguous		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.04.17.06E; §12-207	c. 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 31.04.17.06C	d. Questions about "hazardous activities" must list activities considered to be "hazardous"		
	COMAR 31.04.17.06D	e. Questions about the use of "habit-forming drugs" must list specific drugs considered to be "habit-forming"		
	COMAR 31.04.17.06F and COMAR 31.04.17.06G	f. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications"		
	§18-120	g. May not inquire about Genetic Tests or Genetic Information		
J2.	§18-103(c)(6)(i); COMAR 31.14.01.06C(1)	Must Inquire About: a. Types and Amounts of In-Force LTC Insurance, Other Insurance, including HMO		
	§18-103(c)(6)(ii); COMAR 31.14.01.06C(2)	b. LTC Insurance In Force During Last 12 Months		
	§18-103(6)(iii); COMAR 31.14.01.06C(2)I	c. Coverage Under Medical Assistance		
	§18-103(b)(6)(iv); COMAR 31.14.01.06C(2)(d)	d. Applicant's Intention to Replace Medical Coverage With LTC Coverage		
J3.	§18-104(b); COMAR 31.14.01.10B	If Inquires About Medications, Must Ask Applicant to List Medications		
J4.	COMAR 31.14.01.08A(1)(a)	Include Signed Statement From Applicant of Following: a. Right to Designate Person to Receive Termination Notice		
	§18-114; COMAR 31.14.01.08A(1)(b)(i), COMAR 31.14.01.12D	b. Right to Purchase Inflation Protection		
	COMAR 31.14.01.08A(1)(b)(ii)	c. Right to Purchase Home Health Care		
	COMAR 31.14.01.08A(1)(b)(iii)	d. Right to Purchase Nonforfeiture Benefits		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.08A(2)	e. Benefits and Cost Have Been Explained		
J5.	COMAR 31.14.01.06A(1)	Notice Required Regarding Incorrect or Untrue Statements		
J6.	COMAR 31.14.01.06D	For Agent Solicited Applications, List of Coverage During Prior 5 Year Period		
J7.	§27-504(b)	Domestic Violence		
J8.	COMAR 31.14.01.04K	Electronic Enrollment		
J9.	COMAR 31.14.01.07E(2)	For Payroll or Pension Deduction Plan, Must Indicate Payment Plan Selected by Applicant on Enrollment Form		
J10.	COMAR 31.14.01.12J	Required Specific Waiver Text if Applicant Rejects the Inflation Protection Option		
J11.	§12-202(c)	Application Changes		
J12.	COMAR 31.04.17.08	Proxy		
J13.	COMAR 31.04.17.10B	Good Health Warranty not permitted		
J14.	COMAR 31.04.17.06B	Certain States		
J15.	§12-205(b)(2)	The description of the preexisting conditions limitation is not the same as in the policy		
J16.	COMAR 31.04.17.06H, COMAR 31.04.17.06I(2)	Check-off boxes required for carrier name if application is to be used by more than one carrier		
J17.	COMAR 31.04.17.06J	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		
J18.	COMAR 31.04.17A	Application shall stipulate the plan and amount of insurance and any added optional benefits applied for		
J19.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		
J20.	COMAR 31.14.03.06(1)	Applications for Long Term Care Partnership Policy a. First page of application for partnership policy must clearly indicate application is for a partnership policy		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.03.06A(2)	b. If application is used for both partnership policy and non-partnership policy, it must have separate section that identifies the inflation protection options required for partnership policy		
	COMAR 31.14.03.06B(1); COMAR 31.14.03.05F	c. Unless application requires all applicants, regardless of age, to purchase an inflation protection benefit of at least 5 percent compounded annually, it must show separate inflation options to elect depending on the age of the applicant <ul style="list-style-type: none"> For younger than 61 years old, it must show that the applicant must purchase at least a 1 percent compounded annually inflation protection benefit or 		
	COMAR 31.14.03.06B(2)	<ul style="list-style-type: none"> Compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban Consumers, U.S. City Average, All Items 		
	COMAR 31.14.03.06B(3)	<ul style="list-style-type: none"> For older than 61 years old, but younger than 76 years old, it must show that the applicant is required to purchase an inflation protection benefit 		
	COMAR 31.14.03.06B(4)	d. The application shall include the option to purchase inflation protection benefit of 5 percent compounded annually as required by COMAR 31.14.01.12A		

K. Premiums

	Citation	Description	"X" Means Applicable	Form/ Page
K1.	COMAR 31.10.01.03A	Required to File (Include in same SERFF tracking number)		
K2.	COMAR 31.14.01.04A(4), COMAR 31.14.01.04A(7) and COMAR 31.14.01.12G	Required Level Premiums		
K3.	COMAR 31.14.02.04B(2) and COMAR 31.14.02.04C	Actuarial Certification Required <ul style="list-style-type: none"> Insurer's Name and Form Numbers 		

	Citation	Description	"X" Means Applicable	Form/ Page
		b. Actuary a Member of American Academy of Actuaries (Signature, Name of Actuary, Company Name and Date Signed)		
K4.	COMAR 31.14.02.05	Actuarial Memorandum a. 60% Minimum Loss Ratio for policy or policies first sold before 10/1/02		
	COMAR 31.14.02.04A(1) and COMAR 31.14.02.06	b. For a policy issued on or after 10/01/02 and before 9/01/17		
	COMAR 31.14.02.04A(2) and COMAR 31.14.02.06	c. For a policy issued on and after 9/01/17		
K5.	COMAR 31.14.03.05E	Premiums and reserves for Long Term Care Partnership Policy must comply with COMAR 31.14.02		

L. Disclosures

	Citation	Description	"X" Means Applicable	Form/ Page
L1.	§18-106(a), §18-106(c)	Buyer's Guide		
L2.	§18-106(a), §18-106(b)	Outline of Coverage		
	§18-103(c)(5)	a. Required Notice To Buyer on First Page of Outline of Coverage and Policy		
	COMAR 31.14.01.18C(6)	b. Required Statement Regarding Refund of Premium		
	COMAR 31.14.01.21	c. Outline Contains Required Text		
L3.	§18-106(d)	Graphic Comparison of Benefit Levels		
L4.	§15-919(d)	Medicare Supplement Disclaimers for Individuals Eligible for Medicare Due to Age (non-employer and non-labor organization contracts only)		
L5.	COMAR 31.14.01.05G	Non-Qualified Plans--Statement Required Policy Certificate and Outline of Coverage that the Does Not Satisfy Federal Requirements for Qualified Plans		
L6.	COMAR 31.14.02.03 and COMAR 31.14.01.16A(3)	Required Disclosures of Rating Practices (effective 10/01/02, not applicable to certificates issued under an employer group LTC policy that was in-force before 4/01/02)		
	COMAR 31.14.02.08	a. Long Term Care Insurance Personal Worksheet		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.02.09	b. Potential Rate Increase Disclosure Form		
L7.	COMAR 31.14.01.25F and COMAR 31.14.01.30	"Things You Should Know Before You Buy Long Term Care Insurance" Disclosure Form (effective 10/01/02, not applicable to certificates issued under an employer group LTC policy that was in-force before 4/01/02)		
L8.	COMAR 31.14.01.25G, COMAR 31.14.01.31	Long Term Care Suitability Letter (effective 10/01/02, not applicable to certificates issued under employer group LTC policy that was in-force before 4/01/02) (insurer's option to use letter)		
L9.	COMAR 31.14.03.05B(1)	Long Term Care Partnership Policy Schedule Page Disclosure a. Notice disclosure must be in 12-point type and on policy schedule page or group certificate schedule page		
	§18-107; COMAR 31.14.03.05B(2)	b. Does not include correct disclosure notice statement		
	COMAR 31.14.03.05B(3)	c. If approved schedule page includes more than required disclosure notice, it must be filed for approval		
L10.	§15-107; COMAR 31.14.03.05C(1); MIA Bulletin 09-13	Disclosure Requirement for Long Term Care Partnership Policy Coverage Certification Filing a. Disclosure notice on carrier's letterhead		
	COMAR 31.14.03.05C(2) through COMAR 31.14.03.05C(5)	b. Disclosure notice, if modified, must be filed		
L11.	COMAR 31.14.03.08; MIA Bulletin 09-13	Policy Summary Requirements for Long Term Care Partnership Policy Certification Filing		

M. Requirements for Federally Qualified Plan

	Citation	Description	"X" Means Applicable	Form/ Page
M1.	COMAR 31.14.01.04(a)	Must be Guaranteed Renewable		
M2.	COMAR 31.14.01.02C(1)(a)(i), COMAR 31.14.01.27B(4)	May Cover Only Qualified Long Term Care Services		
M3.	COMAR 31.14.01.02C(1)(a)(ii)	May Not Pay For Services Reimbursable Under Medicare (does not apply to indemnity contracts)		

	Citation	Description	"X" Means Applicable	Form/ Page
M4.	COMAR 31.14.01.27F	Does Not Comply with Permissible Frequency of Certifications by Licensed Health Care Practitioner		
M5.	COMAR 31.14.01.11F	May Not Exclude Coverage for Adult Day Care Services when Home Health Care or Community Care is provided in Qualified LTC contracts		
M6.	COMAR 31.14.01.02C(1)(a)(iv)	Certain Cash Surrenders Are Prohibited		
M7.	COMAR 31.14.01.02C(1)(a)(v)	Any Refunds of Premiums or Policyholder Dividends Are Applied to Reduce Future Premiums or Increase Future Benefits		
M8.		Chronically Ill Individual Definition a. Definition Must Appear		
	COMAR 31.14.01.27B(1)	b. Does Not Comply With		
M9.		Activities of Daily Living Definition a. Definition Must Appear		
	COMAR 31.14.01.02B(1), COMAR 31.14.01.26B	b. Does Not Comply With		
M10.		Licensed Health Care Practitioner Definition a. Definition Must Appear		
	COMAR 31.14.01.27B(2)	b. Does Not Comply With		
M11.	COMAR 31.14.01.27B(3)	Maintenance or Personal Care Definition Does Not Comply With		
M12.	COMAR 31.14.01.05F, COMAR 31.14.01.18C(8)	Required Statement in Policy and Outline That Policy is Qualified		
M13.	COMAR 31.14.01.33	Incontestability Period Provision		
M14.		Submit list of all riders intended to be used with the qualified policy. Please identify by description, form number and date of approval		
M15.	U.S. Code Title 26, Subtitle D, Chpt. 43, Section 4980C(1)(B)(i)	30 Day Right to Return Certificate provision must specify that premium will be refunded within 30 days of return or denial		
M16.	COMAR 31.14.01.33E	Policy May Be Field Issued, if the Compensation to the Field Issuer is Not Based on the Number of Policies or Certificates Issued		

	Citation	Description	"X" Means Applicable	Form/ Page
M17.	COMAR 31.14.01.33F	If Insurer has Paid Benefits Under a Long Term Care Policy, the Insurer May Not Recover the Benefits if such Policy is Rescinded		