

**INDIVIDUAL 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 31.04.17.03D	Form Number (Form number must be identical to form number in SERFF Form Schedule)		
A4.	COMAR 31.04.17.03G, COMAR 31.10.01.03B	Corporate Name		
A5.	COMAR 31.04.17.03H	Unacceptable Modifications		
A6.	COMAR 31.04.17.03K	Specimen Data		
A7.	COMAR 31.04.17.03M	Signature of Officer		
A8.	COMAR 31.04.17.04A(1)	Form contains items in brackets, denoting variability. Only specific items allowed for variability. Submit specific description of how each item can vary.		
A9.	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		
	COMAR 31.04.17.04B(4)(b)	d. Copy of Currently Approved Contract		
A10.	COMAR 31.04.17.04C	Contracts Comprised of Sections		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
	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		
A11.	COMAR 31.04.17.07	Advertising Prohibited		
A12.	§15-201(d)	Size of Type		
A13.	COMAR 31.10.02	Simplified Language (Readability Certification)		
A14.	§2-112(a)(10)	Filing Fee Insufficient		
A15.	COMAR 31.04.17.03F	Language other than English in Form		
A16.	COMAR 31.04.17.03J	Description of New Features		
A17.	COMAR 31.14.03.05	Long Term Care Partnership Policy filing submission must be separate from Long Term Care Partnership Policy certification filing submission		
A18.	Title 18, Subtitle 1; COMAR 31.14.03.05A	Long Term Care Partnership Policy must comply with requirements for Long Term Care insurance under		
A19.	COMAR 31.14.03.05D	Long Term Care Partnership Policy must comply with COMAR 31.14.01		

**B. Mandated Benefits/Provisions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
B1.	§18-101(f)(1)	24 Consecutive Months Minimum Coverage		
B2.		Renewability Provision		
	§18-118(a)(1); COMAR 31.14.01.04A(1)(b), COMAR 31.14.01.04A(3)	a. Noncancellable or Guaranteed Renewable for Life		
	COMAR 31.14.01.04A(1)	b. Renewal Provision Required on First Page of Policy		
	COMAR 31.14.01.04F(1)	c. Permissible Causes of Termination		
	COMAR 31.14.01.04A(2)	d. Statement Required That Premium Rates May Change If Insurer Has Right To Change of Premium		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
B3.	COMAR 31.14.02.03K	Notice of Premium Increase		
B4.	§18-118(a)(2)	Statement Required that Contract Will Not Be Canceled for Nonpayment Unless Insured and Designated Individual Are Notified of Nonpayment		
B5.	§18-119(b); COMAR 31.14.01.04J(1)	30 Day Right to Return Policy Provision		
B6.	18-103(c)(5); COMAR 31.14.01.04J(2)	Notice to Buyer on First Page		
B7.	COMAR 31.14.01.06A(2)	Notice on First Page If Application Is Part of Policy		
B8.	§18-118(c)	Extension of Benefits		
B9.		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(17)	f. Hands-On Assistance		
	COMAR 31.14.01.02B(28)	g. Nursing Home		
	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		
B10.	COMAR 31.14.01.03A	Define Services in Relation to Level of Skill Required		
B11.	COMAR 31.14.01.03B(1)	Define Providers of Service		
B12.	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		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
B13.	COMAR 31.14.01.05E(1)	Benefit Triggers - Activities of Daily Living and Cognitive Impairment		
B14.		Contingent Benefit		
	COMAR 31.14.01.13E	a. Contingent Benefit Upon Lapse Provision		
	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		
	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"> <li>Required Table for Triggers for a Substantial Premium Increase for Policy with No Limited Premium Paying Period</li> </ul>		
	COMAR 31.14.01.13E(7)	<ul style="list-style-type: none"> <li>Insurer Offer Requirements for Substantial Premium Increase for Policy with No Limited Premium Paying Period</li> </ul>		
	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"> <li>Required Table for Triggers for Substantial Premium Increase for Policy with Fixed or Limited Premium Paying Period</li> </ul>		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.13E(6)(d)	<ul style="list-style-type: none"> <li>• 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</li> </ul>		
	COMAR 31.14.01.13E(9)	<ul style="list-style-type: none"> <li>• Insurer Offer Requirements for Substantial Premium Increase for Policy with Fixed or Limited Premium Paying Period</li> </ul>		
		<ul style="list-style-type: none"> <li>• 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</li> </ul>		
	§18-116.1	b. Contingent Benefit Upon Lapse		
	§18-116.1(b)	<ol style="list-style-type: none"> <li>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 <ul style="list-style-type: none"> <li>• the carrier increases the premium rate for the insured</li> <li>• the insured has maintained the policy or contract through the carrier for at least 20 years; and</li> <li>• 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</li> </ul> </li> </ol>		
	§18-116.1(c)(1)	<ol style="list-style-type: none"> <li>2. Must provide a paid-up coverage: <ul style="list-style-type: none"> <li>• with no additional premiums due; and</li> <li>• with a reduced lifetime maximum benefit equal to the sum of all premium paid minus any claims paid</li> </ul> </li> </ol>		

	Citation	Description	"X" Means Applicable	Form/ Page
	§18-116.1(c)(2)	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		

**C. Other Mandated Benefits**

	Citation	Description	"X" Means Applicable	Form/ Page
C1.	§18-114(b)	Inflation Protection a. Required Offer		
	§18-114(c); COMAR 31.14.01.12	b. Minimum Requirements		
	COMAR 31.14.03.05F	c. Long Term Care Partnership Policy Inflation Protection Benefit  Minimum inflation protection benefit <u>required</u> for Individual younger than 76 years old		
	COMAR 31.14.03.05F(1)(a)	1. Individual younger than 61 years old:  <ul style="list-style-type: none"> <li>• a minimum 1 percent compound annual inflation protection or;</li> <li>• compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban</li> </ul>		
	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"> <li>• <u>Required</u> to provide inflation protection, but applicant is permitted to reject level of inflation protection required by COMAR 31.14.01.12A</li> </ul>		
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			

	Citation	Description	"X" Means Applicable	Form/ Page
	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		
	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		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
	§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**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
D1.	§15-207	Entire Contract		
D2.	§15-208	Time Limit on Certain Defenses		
D3.	§15-209	Grace Period		
D4.	§15-210	Reinstatement		
D5.	§15-211	Notice of Claim		
D6.	§15-212	Claim Forms		
D7.	§15-213	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		
D8.	§15-214	Time of Payment of Claims		
D9.	§15-215	Payment of Claims		
D10.	§15-216	Physical Examination and Autopsy		
D11.	§15-217	Legal Actions		
D12.	§15-218	Change of Beneficiary		



**E. Optional Standard Provisions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
E1.	§15-219	Change of Occupation		
E2.	§15-220, §15-204	Misstatement of Age		
E3.	§15-221	Other Insurance With Insurer		
E4.	§15-222, §15-223	Insurance With Other Insurers		
E5.	§15-225	Unpaid Premiums		
E6.	§15-226	Conformity With State Statutes		

**F. Prohibited Provisions**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
F1.	§18-111	Alzheimer's Disease or Other Senile Dementia Exclusion		
F2.	COMAR 31.14.01.04B(1)(a)	May Not Be Cancelled, Nonrenewed 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		
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 Medical 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.	COMAR 31.14.01.04C(1), COMAR 31.14.01.04C(3)	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		
G2.	§18-109(b); COMAR 31.14.01.04B(2)	Contains Non-Permissible Limitations or Exclusions		
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)		
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		
H2.	COMAR 31.14.01.06E, COMAR 31.14.01.06F	Replacement Notice a. Required to Be Submitted		
	COMAR 31.14.01.22, COMAR 31.14.01.23	b. Required Text		

## I. Other Contract/Rider Requirements

	Citation	Description	"X" Means Applicable	Form/ Page
I1.	COMAR 31.10.01.03C	Standard of Time		
I2.	COMAR 31.10.28.05	Premium Due Date		
I3.	COMAR 31.10.01.03G	Right to Elect Alternative Benefits		

	Citation	Description	"X" Means Applicable	Form/ Page
14.		Prescription Drugs (applicable only if contract provides prescription drugs)		
	§15-824	a. 90 Day Supply for Maintenance Drugs <ul style="list-style-type: none"> <li>• Exception for first prescription or change in prescription</li> </ul>		
	§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)	<ul style="list-style-type: none"> <li>• Include "Standard reference compendia" definition</li> </ul>		
	§15-827	d. Coverage for Medical Clinical Trials		
	§15-831	e. May use a formulary for brand-name drugs in compliance with §15-831		
	§15-831	<ul style="list-style-type: none"> <li>• Apply formulary exception process to drugs or devices that are removed from formulary or moved to a higher deductible, copayment or coinsurance tier</li> </ul>		
	§15-831(d)(3)	<ul style="list-style-type: none"> <li>• 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</li> </ul>		
	§15-841	f. Coverage for Smoking Cessation Treatment		
	§15-842	g. Copayment or coinsurance for prescription 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			

	Citation	Description	"X" Means Applicable	Form/ Page
	§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		
	§15-849(c)(1)	<ul style="list-style-type: none"> <li>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</li> </ul>		
	§15-849(c)(2)	<ul style="list-style-type: none"> <li>No fail first protocol applied to opioid analgesic drugs before being allowed abuse-deterrent opioid analgesic drugs</li> </ul>		
	§15-847	l. Specialty Drugs- Copayment/Coinsurance Limits		
	§15-847(a)	<ul style="list-style-type: none"> <li>Definition excludes drugs for the treatment of diabetes, HIV, or AIDS</li> </ul>		
	§15-847.1	m. Prescription drugs for the treatment of diabetes, HIV, or AIDS -- Copayment/Coinsurance limits		
	§15-822.1, House Bill 1397, Chpt. 405, Acts of 2022, (effective 01/01/23)	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		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
15.	COMAR 31.14.01.05A(1)	Riders a. Reduction Riders Added After the Date of Issue or at Reinstatement or Renewal Require Policyholder Signature		
	COMAR 31.14.01.05A(3)	b. Rider Premium Must be shown in Rider or Policy		
	COMAR 31.14.01.05A(2)	c. Policyholder Signature Required If Issued After Policy Date and If Rider Increases Premium		
	COMAR 31.14.01.04C(4)	d. Waiver Riders Not Permitted After 6 Month Waiting Period		
16.	COMAR 31.10.28.04	Arbitration Provision - May Not Require Insured To Use Arbitration to Settle Disputes with Insurer		
17.	COMAR 31.14.01.07F(1), COMAR 31.14.01.07F(2)	Unintentional Lapse Provisions a. Notice to 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		
18.	COMAR 31.14.01.07A(1), COMAR 31.14.01.07B	Required Written Designation of Individual To Receive Notice of Termination of Policy for Nonpayment of Premium		
19.	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		
110.	§27-221	May Not Reunderwrite An Individual for Health Coverage Under Individual Contract After Individual Contract Has Been Issued		
111.	COMAR 31.14.01.36A(1)	Right to Reduce Coverage and Lower Premiums Provision  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  2. Reduce the daily, weekly, or monthly benefit amount		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.14.01.36A(2)	b. Carrier may also offer other reduction options that are consistent with the policy or certificate design or the insurer's administrative processes		
	COMAR 31.14.01.36B	c. Provision must include description of ways in which coverage may be reduced and the process for requesting and implementing a reduction in coverage		
	COMAR 31.14.01.36C	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) (applicable to long term care policies issued in Maryland on or after 9/10/08)	a. Age used to determine premium for coverage is based on age used to determine premiums currently in force		
	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		
112.	COMAR 31.14.01.35A, 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		
113.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards		
114.	§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"> <li>May not condition on whether pharmacist is employed by a physician, pharmacy, or facility or acting under physician's order</li> </ul>		

## J. Applications

	Citation	Description	"X" Means Applicable	Form/ Page
J1.		Health Questions		
	§12-205(b)(9)	a. Health Questions Limited to 7 Prior Years		
	COMAR 31.14.01.09A	b. Question is Unclear or Ambiguous		
	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, 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(c)(6)(iii); COMAR 31.14.01.06C(2)(c)	c. Coverage Under Medical Assistance		
	§18-103(c)(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 31.14.01.09B	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		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
	COMAR 31.14.01.08A(1)(b)(i)	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		
	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 31.14.01.07E(2)	For Payroll or Pension Deduction Plan, must indicate payment plan selected by applicant on application		
J9.	COMAR 31.14.01.12J	Required Specific Waiver Text If Applicant Rejects the Inflation Protection Option		
J10.	§12-202(c)	Application Changes		
J11.	COMAR 31.04.17.08	Proxy		
J12.	COMAR 31.04.17.10B	Good Health Warranty not permitted		
J13.	COMAR 31.04.17.06B	Certain States		
J14.	§12-205(b)(2)	The description of the preexisting conditions limitation is not the same as in the policy		
J15.	COMAR 31.04.17.06H(1)	Check-off boxes required for carrier name if application is to be used by more than one carrier		
J16.	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		
J17.	COMAR 31.04.17.06A	Policyholder's application shall stipulate the plan and amount of insurance and any added optional benefits applied for		
J18.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		
J19.	COMAR 31.14.03.06A(1)	Applications for Long Term Care Partnership Policy		



	Citation	Description	"X" Means Applicable	Form/ Page
		a. First page of application for partnership policy must clearly indicate application is for a partnership policy, if it is not used for both partnership policy and non-partnership policy		
	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"> <li>For younger than 61 years old, it must show that the applicant must purchase at least a 1 percent compounded annually inflation protection benefit <u>or</u></li> </ul>		
	COMAR 31.14.03.06B(2)	<ul style="list-style-type: none"> <li>Compound annual inflation protection with interest rate equal to annual increase in Consumer Price Index – All Urban Consumers, U.S. City Average, All Items</li> </ul>		
	COMAR 31.14.03.06B(3)	<ul style="list-style-type: none"> <li>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</li> </ul>		
	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 for applicants of all ages		

**K. Premiums**

	Citation	Description	"X" Means Applicable	Form/ Page
K1.	COMAR 31.10.01.03A	Required to File		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
K2.	COMAR 31.14.01.04A(4), COMAR 31.14.01.04A(7), COMAR 31.14.01.12G	Required Level Premiums		
K3.	COMAR 31.14.02.05	Actuarial Memorandum Required a. 60% Minimum Loss Ratio for policy or policies first sold before 10/01/02		
	COMAR 31.14.02.04A(1), 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), COMAR 31.14.02.06	c. For a policy issued on and after 9/01/17		
K4.	COMAR 31.14.02.04B(2), COMAR 31.14.02.04C	Actuarial Certification Required		
		a. Insurer's Name and Form Numbers		
		b. Actuary a Member of American Academy of Actuaries (Signature, Name, Company Name and Date Signed by Actuary)		
K5.	COMAR 31.14.03.05E	Premiums and reserves for Long Term Care Partnership Policy must comply with COMAR 31.14.02		

#### L. Disclosures

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
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. Contains Required Text		
L3.	§18-106(d)	Graphic Comparison of Benefit Levels		
L4.	§15-919(d)	Medicare Supplement Disclaimer for Individuals eligible for Medicare Due To Age		
L5.	COMAR 31.14.01.05G	Non-Qualified Plans - Statement Required Policy and Outline of Coverage Does Not Satisfy the Requirements For A Federally Qualified Plan		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
L6.	COMAR 31.14.02.03, COMAR 31.14.01.16A(3)	Required Disclosures of Rating Practices		
	COMAR 31.14.01.25C, COMAR 31.14.02.08	a. Long Term Care Insurance Personal Worksheet		
	COMAR 31.14.02.09	b. Potential Rate Increase Disclosure Form		
L7.	COMAR 31.14.01.25F, COMAR 31.14.01.30	"Things You Should Know Before You Buy Long Term Care Insurance" Disclosure Form		
L8.	COMAR 31.14.01.25G, COMAR 31.14.01.31 (insurer's option to use letter)	Long Term Care Suitability 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.	§18-107; 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**

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
M1.	COMAR 31.14.01.04A	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		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
M3.	COMAR 31.14.01.02C(1)(a)(ii), COMAR 31.14.01.02C(3)	May Not Pay For Services Reimbursable Under Medicare (does not apply to indemnity contracts)		
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.	U.S. Code Title 26, Subtitle D, Chpt. 43, Section 4980C(c)(1)(B)(vi)	Applications - May not contain medical questions if the policy is field issued		
M15.		Submit list of all riders intended to be used with the qualified policy. Please identify by description, form number and date of approval		
M16.	U.S. Code Title 26, Subtitle D, Chpt. 43, Section 4980C(c)(1)(B)(i)	If premium paid with application, company must return premium within 30 days of denial		

	<b>Citation</b>	<b>Description</b>	<b>"X" Means Applicable</b>	<b>Form/ Page</b>
M17.	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		
M18.	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		