GROUP MEDICARE SUPPLEMENT POLICIES

Plan C re-designated Plan D, Plan F (including Plan F high ded.) re-designated Plan G (including Plan G high ded.) ***effective*** 01/01/2020

Plans A, B, D, G, G high ded., K, L, M, N (available for sale to individuals newly eligible for Medicare **on or *after*** 01/01/2020)

Plans A, B, C, D, F, F high ded., G, G high ded., K, L, M, N (available for sale to individuals eligible for Medicare ***before*** 01/01/2020)

COMPANY:
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

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)		
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)		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
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. Include specific text. – **COMAR 31.04.17.04A(2)**		
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)(i)**		
c. Form Number and Approval Date for Pages Replaced **COMAR 31.04.17.04B(4)(a)**		
d. Copy of Currently Approved Contract **COMAR 31.04.17.04B(4)(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 Approval 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. Size of Type - **§15-201(d)**		
A15. Simplified Language (Readability Certification) **COMAR 31.10.02**		
A16. Illegible Form - **§12-205(b)(5)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
A17. Filing Fee Insufficient - **§2-112(a)(10)**		
A18. 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. Prohibited Submissions

B1. Required Plans Not Filed – Plan A and Plan C or Plan F **COMAR 31.10.06.28D** **COMAR 31.10.06.31(B)(1) and (2) (effective 1/1/20, Plan C re-designated Plan D and Plan F re-designated Plan G for individuals newly eligible for Medicare on or after 1/1/20)**		
a. Plan A - **COMAR 31.10.06.28D(1)**		
b. Plan C or Plan F required if make available any of additional benefits in **COMAR 31.10.06.27D** or Plans K or L in - **COMAR 31.10.06.28H(8)** and **(9)** **COMAR 31.10.06.28D(2)**		
B2. Submission includes Plan C, Plan F, and/or Plan F high ded. for individuals newly eligible for Medicare only **on or after 1/1/20. New form and rate filings are not permitted to be sold or issued to these newly Medicare eligible individuals** – **COMAR 31.10.06.31(A)(4) (effective 1/1/20)**		
B3. Plans Are not Uniform in Structure, Language, Designation - **COMAR 31.10.06.28F(1)**		
B4. Benefit Provisions Do Not Appear in Required Order **COMAR 31.10.06.28F(2)** and **COMAR 31.10.06.28H**		
B5. Submission Includes Waiver Rider **COMAR 31.10.06.07B**		
B6. Plan Indemnifies Differently for Sickness Than For Accident - **COMAR 31.10.06.08B(3)**		
B7. Submitting More Than One Form of Each Type of Plan **COMAR 31.10.06.04D(1)**		
B8. Submitting Type of Form Within 5 years of Discontinuing Same Type of Form - **COMAR 31.10.06.04E(3)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page

C. Required Basic Core Benefit (Plans A, B, C, D, F, F high ded., and G) (Plan G high ded., effective 1/1/20)

C1. Medicare Part A Coverage a. To the extent not covered by Medicare, coinsurance for 61st - 90th day of hospitalization - **§15-906(a); COMAR 31.10.06.27C(1)(a)**		
b. To the extent not covered by Medicare, coinsurance for lifetime inpatient reserve days - **§15-906(a); COMAR 31.10.06.27C(1)(b)**		
c. Coverage for lifetime maximum additional 365 days of hospitalization after lifetime reserve days **§15-906(a); COMAR 31.10.06.27C(1)(c)** • Provider accepts payment of hospitalization expenses as full payment and may not bill insured for any balance – **COMAR 31.10.06.27C(2)**		
d. First 3 pints of blood - **§15-906(a); COMAR 31.10.06.27C(1)(d)**		
e. Hospice care and respite care – **§15-906(a); COMAR 31.10.06.27C(1)(f**)		
C2. Medicare Part B Coverage a. Coinsurance amount, or in the case of hospital outpatient department services under a prospective payment system, the copayment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to Medicare Part B deductible - **§15-906(a); COMAR 31.10.06.27C(1)(e)**		
b. First 3 pints of blood - **§15-906(a); COMAR 31.10.06.27C(1)(d)**		

D. Additional Required Benefits - COMAR 31.10.06.27D

D1. Medicare Part A Deductible (Plans B, C, D, F, F high ded., G, G high ded.) - **COMAR 31.10.06.27D(1)**		
D2. Skilled Nursing Facility Coinsurance (Plans C, D, F, F high ded., G, G high ded.) - **COMAR 31.10.06.27D(3)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
D3. Medicare Part B Deductible (C, F, F high ded.) – **COMAR 31.10.06.27D(4)** a. New form and rate filings for Plans C, F, F high ded. are permitted only: • to provide coverage for Medicare Part B deductible • to be sold for individuals eligible for Medicare before 1/1/20 **COMAR 31.10.06.31A(2)** and **31.10.06.31A(4) (effective 1/1/20)**		
b. Medicare Part B deductible paid shall be considered an out-of-pocket expense in meeting annual Plan G high deductible – **COMAR 31.10.06.31B(3)(c) (effective 1/1/20)**		
D4. Medicare Part B Excess (100%) (Plans F, F high ded., G, G high ded.) - **COMAR 31.10.06.27D(5)**		
D5. Foreign Travel Emergency (Plans C, D, F, F high ded., G, G high ded.) - **COMAR 31.10.06.27D(6)**		

E. Required Benefit (Plans K and L)

E1. Hospitalization a. Part A coinsurance for 61st – 90th day of hospitalization **COMAR 31.10.06.28H(8)(b)(i)** and **COMAR 31.10.06.28H(9)(b)(i)** • Plan K- 100% • Plan L - 100%		
b. Part A coinsurance for lifetime reserve days – **COMAR 31.10.06.28H(8)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(i)** • Plan K - 100% • Plan L - 100%		
c. 365 days of hospitalization after lifetime reserve days **COMAR 31.10.06.28H(8)(b)(iii)** and **COMAR 31.10.06.28H(9)(b)(i)** • Plan K - 100% • Plan L - 100%		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
d. Medicare Part A deductible **COMAR 31.10.06.28H(8)(b)(iv), COMAR 31.10.06.28H(8)(b)(x), COMAR 31.10.06.28H(9)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(iii)** • Plan K – covers 50% until out of pocket limit is satisfied, then 100% • Plan L – covers 75% until out of pocket limit is satisfied, then 100%		
e. Skilled Nursing Facility Care – coinsurance for 21st – 100th day – **COMAR 31.10.06.28H(8)(b)(v), COMAR 31.10.06.28H(8)(b)(x), COMAR 31.10.06.28H(9)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(iii)** • Plan K – covers 50% until out of pocket limit is satisfied, then 100% • Plan L – covers 75% until out of pocket limit is satisfied, then 100%		
f. Hospice Care – **COMAR 31.10.06.28H(8)(b)(vi), COMAR 31.10.06.28H(b)(x), COMAR 31.10.06.28H(9)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(iii)** • Plan K – covers 50% until out of pocket limit is satisfied, then 100% • Plan L – covers 75% until out of pocket limit is satisfied, then 100%		
g. First 3 pints of blood for Part A or Part B **COMAR 31.10.06.28H(8)(b)(vii), COMAR 31.10.06.28H(8)(b)(x), COMAR 31.10.06.28H(9)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(iii)** • Plan K – covers 50% until out of pocket limit is satisfied, then 100% • Plan L – covers 75% until out of pocket limit is satisfied, then 100%		
E2. Medicare Part B Coverage a. Expenses under Medicare Part B, except for Preventive Services, after Insured pays Medicare Part B deductible – **COMAR 31.10.06.28H(8)(b)(viii), COMAR 31.10.06.28H(8)(b)(x), COMAR 31.10.06.28H(9)(b)(ii)** and **COMAR 31.10.06.28H(9)(b)(iii)** • Plan K – covers 50% of cost sharing until out of pocket limit is satisfied, then 100% • Plan L – covers 75% cost sharing until out of pocket limit is satisfied, then 100%		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
b. Preventive Services **COMAR 31.10.06.28H(8)(b)(ix)** and **COMAR 31.10.06.28H(9)(b)(i)** • Plan K – 100% of cost sharing after Medicare Part B deductible • Plan L – 100% of cost sharing after Medicare Part B deductible		
E3. Cost Sharing After Out of Pocket Limit (indexed each year appropriate inflation adjustment specified by the Secretary after 2006)* • Plan K – 100% after Medicare A and B annual expenses of $4,000 limit in 2006* - **COMAR 31.10.06.28H(8)(b)(x)** • Plan L – 100% after Medicare A and B annual expenses of $2,000 limit in 2006* - **COMAR 31.10.06.28H(8)(b)(x)** and **COMAR 31.10.06.28H(9)(b)(iii)**		

F. Required Basic Core Benefit (Plans M and N)

F1. Medicare Part A Coverage a. To the extent not covered by Medicare, coinsurance for 61st-90th day of hospitalization - **§15-906(a);** **COMAR 31.10.06.27C(1)(a)**		
b. To the extent not covered by Medicare for lifetime in-patient reserve days – **§15-906(a);** **COMAR 31.10.06.27C(1)(b)**		
c. Coverage for lifetime maximum additional 365 days of hospitalization after lifetime reserve days - **§15-906(a)**; **COMAR 31.10.06.27C(1)(c)**		
d. First 3 pints of blood – **§15-906(a)**; **COMAR 31.10.06.27C(1)(d)**		
e. Hospice care and respite care - **§15-906(a)**; **COMAR 31.10.06.27C(1)(f)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
F2. Medicare Part B Coverage a. Coinsurance amount, or in the case of hospital outpatient department services under a prospective payment system, the co-payment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to Medicare Part B deductible – **COMAR 31.10.06.27C(1)(e)**		
b. First 3 pints of blood – **COMAR 31.10.06.27C(1)(d)**		

G. Additional Required Benefits – (Plans M and N)

G1. Medicare Part A Deductible – **COMAR 31.10.06.27(D)(1)** and **(2), COMAR 31.10.06.28H(10),** and **COMAR 31.10.06.28H(11)(a)** • Plan M – 50% • Plan N – 100%		
G2. Skilled Nursing Facility Coinsurance (Plans M, N) **COMAR 31.10.06.27D(3)**		
G3. Foreign Travel Emergency – **COMAR 31.10.06.27D(6)**		
G4. Medicare Part B Copayments (Plan N)		
a. Lesser of $20 or Medicare B coinsurance or copayment for office visits – **COMAR 31.10.06.28H(11)(a)(i)**		
b. Lesser of $50 or Medicare Part B coinsurance or copayment for emergency room **COMAR 31.10.06.28H(11)(a)(ii)**		
c. Lesser of $50 or Medicare Part B coinsurance or copayment for emergency room waived if admitted to hospital and emergency visit is covered as Medicare Part A expense - **COMAR 31.10.06.28H(11)(b)**		

H. Required Provisions

H1. Automatic Changes in Benefits to Coincide With Changes In Medicare - **§15-906(b)**		
H2. Guaranteed Renewable – **COMAR 31.10.06.27B(6)**		
H3. Extension of Benefits – **COMAR 31.10.06.27B(10)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
H4. Suspension of Benefits – **COMAR 31.10.06.27B(11)** a. For persons entitled to medical assistance under Title XIX of the Social Security Act (Medicaid) **COMAR 31.10.06.27B(11)(a)**		
b. For persons entitled to benefits under 226(b) of the Social Security Act *and* covered under a group health plan as defined in1862(b)(1)(A)(v) of the Social Security Act (Under age 65 Medicare disabled who secures employer's insurance) **COMAR 31.10.06.27B(11)(c)(i)** and **COMAR 31.10.06.27B(11)(c)(ii)**		
H5. Waiver of Time Limits for Replacement Policies **COMAR 31.10.06.18**		
H6. Renewal Provision – **COMAR 31.10.06.13B(1)**		
H7. Notice to Buyer on First Page – **COMAR 31.10.06.15A(3)**		
H8. Definitions – **COMAR 31.10.06.03A** a. Accident – **COMAR 31.10.06.03B(1)**		
b. Benefit Period – **COMAR 31.10.06.03B(2)**		
c. Convalescent Nursing Home – **COMAR 31.10.06.03B(3)**		
d. Health Care Expenses – **COMAR 31.10.06.03B(4)**		
e. Hospital – **COMAR 31.10.06.03B(5)**		
f. Medicare – **COMAR 31.10.06.03B(6)**		
g. Medicare Eligible Expenses – **COMAR 31.10.06.03B(7)**		
h. Physician – **COMAR 31.10.06.03C(1)**		
i. Sickness – **COMAR 31.10.06.03C(2)**		
H9. 30 Day Right to Return Certificate - **§15-910**		
H10. Conversion a. Policyholder termination - **§15-909(g)(1)**		
b. Individual terminates membership in group **§15-909(g)(2)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
H11. Replacement a. Waiver of time limits – **COMAR 31.10.06.18**		
b. Offer of coverage to all persons covered under prior contract - **§15-909(g)(3)(i)**		

I. Prohibited Provisions

I1. Denial or Rating of Insurance if Application Submitted During First 6 Months of Enrollment in Medicare Part B For Individuals age 65 or older - **§15-909; COMAR 31.10.06.06A**		
I2. Denial or Rating of Plans A and C if Application Submitted During the First 6 months of Enrollment in Medicare Part B for Disabled Individuals Under Age 65 - **§15-909, Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 1/1/20, Plan C re-designated as Plan D for persons newly eligible for Medicare on or after 1/1/20); COMAR 31.10.06.06D**		
I3. Premium Rates a. May not increase premium rates until at least 1 year after the certificate effective date **COMAR 31.10.06.04C(2)(b)**		
b. Starting 1 year after certificate effective date, may not increase premium rates for insured person more than once a year – **COMAR 31.10.06.04C(3)**		
I4. Cancellation or Nonrenewal for Unacceptable Reasons **§15-909(f)**		
I5. Exclusions More Exclusive Than Those of Medicare **§15-906(d)(1)**		
I6. Benefits Duplicate Medicare Benefits - **§15-906(d)(2)**		
I7. Plan Includes Benefit Not Permitted in Designated Plan **COMAR 31.10.06.27C(3)**		
I8. Policy Bases Benefits on "Usual and Customary" or "Reasonable and Customary" Standards **COMAR 31.10.06.13B(3)**		
I9. Termination of Insured Spouse's Coverage Due to Termination of Insured's Coverage **COMAR 31.10.06.27B(5)**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
I10. State Hospital, Etc., Charitable or Otherwise - **§15-602**		
I11. Reduction of Medical Assistance Program Prohibited **§15-502**		
I12. Prohibited Discrimination for Domestic Violence Victims **§27-504**		
I13. Prohibition Against Use of Genetic Information and Requests for Genetic Testing – **COMAR 31.10.06.26**		
I14. Cannot Compete or Substitute Access to the 911 Emergency Service - **§15-126**		
I15. New or Innovative Benefits – **COMAR 31.10.06.28I** a. May not adversely impact the goal of Medicare supplement simplification. – **COMAR 31.10.06.28I(3)**		
b. May not include an outpatient prescription drug benefit **COMAR 31.10.06.28.I(4)**		
c. May not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan – **COMAR 31.10.06.28I(5)**		
I16. Advertising Prohibited - **COMAR 31.04.17.07**		

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** For contacts that provide direct reimbursement to a provider, must include a statement that providers have 180 days from date of service to submit claim for payment - **§15-1005(e)**		
J7. Time of Payment of Claims - **COMAR 31.11.10.04F**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
J8. Payment of Claims – **COMAR 31.11.10.04G**		
J9. Legal Actions – **COMAR 31.11.10.04H**		
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**		

L. Applications

L1. Failure to File - **§12-203**		
L2. Failure to Include Required Questions and Statements **COMAR 31.10.06.14**		
L3. Insurance Fraud-Required Disclosure Statement **§27-805; MIA Bulletin 12-07**		
L4. Questions on Applications a. Seven Year Limit on Health Questions - **§12-205(b)(9)**		
b. May Not Inquire About Genetic Tests or Genetic Information - **§27-909(c)**; **COMAR 31.10.06.26**		
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**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
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 specific drugs considered to be "habit-forming" **COMAR 31.04.1706D**		
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**		
L5. Application Changes - **§12-202(c)**		
L6. Representations, Not Warranties - **§12-207**		
L7. Proxy – **COMAR 31.04.17.08**		
L8. Good Health Warranty Not Permitted **COMAR 31.04.17.10B**		
L9. Certain States – **COMAR 31.04.17.06B**		
L10. The description of the preexisting conditions limitation is not the same as in the policy - **§12-205(b)(2)**		
L11. 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)**		
L12. 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**		
L13. Application shall stipulate the plan and amount of insurance and any added optional benefits (including innovative benefits) applied for - **COMAR 31.04.17.06A** • Clearly indicate which plans that only individuals eligible for Medicare **before** 1/1/20 can apply for **COMAR 31.10.06.31A(2)** • In addition to Plans C, F, F high ded., Individuals eligible for Medicare **before** 1/1/20 can apply for Plan G high ded. **on and after** 1/1/20 **COMAR 31.10.06.31D**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
L14. Application for Plans A and C may not be limited to persons age 65 and over - **§15-909(b)(3), Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 1/1/20, Plan C re-designated as Plan D for persons newly eligible for Medicare on or after 1/1/20)**		
L15. May Not Direct Medical Questions to: a. Persons Over Age 65 During the Open Enrollment Period - **§15-909(b)(1)**		
b. Disabled Persons Under Age 65 Applying for Plan A or Plan C During the Open Enrollment Period **§15-909(b)(3), Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 1/1/20, Plan C re-designated as Plan D for persons newly eligible for Medicare on or after 1/1/20)** • If the person is notified by Medicare of person's retroactive enrollment in Medicare, Open Enrollment Period is measured from date person is notified of retroactive enrollment in Medicare - **§15-909(b)(3)(i), Senate Bill 48, Chpt. 2, Acts of 2017 (amended effective 6/1/17)**		
c. Eight Classes of Persons Eligible for Guaranteed Issue Contracts – **COMAR 31.10.06.09-1** • For an individual newly eligible for Medicare **on or after** 1/1/20, any reference to Plans C or F (including F high ded.) is deemed to be a reference to Plans D or G (including G high ded.) - **COMAR 31.10.06.31E**		
L16. 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**		

M. Other

M1. Preexisting Conditions (Also applicable to any Reinstatement provision in contract) a. Definition and Maximum Exclusion - **§15-909(d)**		
b. Must appear as separate paragraph **COMAR 31.10.06.13B(4)**		
c. Credit for Creditable Coverage **COMAR 31.10.06.06B**		

Brief Description & Law/Regulation Cite	"X" Means Applicable	Form/Page
M2. Signed Acceptance of Rider Reducing Coverage or Increasing Benefits - **COMAR 31.10.06.13B(2)**		
• Separate Additional Premium for Rider Must be Shown in Policy - **COMAR 31.10.06.13B(2)**		
M3. Acceptable Guide to Health Insurance for People with Medicare Not Included – **COMAR 31.10.06.13B(6)**		
M4. Acceptable Outline of Coverage Not Included **COMAR 31.10.06.13E**		
M5. Acceptable Notice to Applicant Not Included **COMAR 31.10.06.14E**		
M6. Contract Governed by Maryland Law - **§12-209**		
M7. Must be Given At Least 40 Days Notice of Premium Increase – **COMAR 31.10.01.03R**		
M8. Direct Payment of Hospital or Medical Services - **§15-304**		
M9. Payment of Interest on Unpaid Claims - **§15-1005(g) (recodified), House Bill 639, Chpt. 109, Acts of 2016 (effective 10/1/16)**		
M10. Payment of Claims, Unfair Trade Practices **COMAR 31.15.08**		
M11. Failure to Include Group Contract and Certificate **§12-203**		
M12. Corrections Required in the Master Policy are Also Required in the Certificate - **COMAR 31.11.10.04J**		
M13. 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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COMMENTS: