

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

The checklist is not required to be included with a form filing. It is not used for health benefit plans. 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 31.04.17.03I(2)	If the filing is not being made by the insurer, the filer must submit a signed third party authorization letter from the insurer		
A2.	COMAR 31.10.01.03A	Premium Rates and Actuarial Memorandum (Include in same SERFF tracking number filing)		
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 and 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		

	Citation	Description	"X" Means Applicable	Form/ Page
A10.	COMAR 31.04.17.04A(2)	Form contains items in brackets, denoting variability. Submit specific description of how each item can vary. Include specific text.		
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		
	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.	§15-201(d)	Size of Type		
A14.	COMAR 31.10.02	Simplified Language (Readability Certification)		
A15.	§12-205(b)(5)	Illegible Form		
A16.	§2-112(a)(10)	Filing Fee Insufficient		
A17.	COMAR 31.04.17.03F	Language other than English in Forms		

B. Prohibited Submissions

	Citation	Description	"X" Means Applicable	Form/ Page
B1.	COMAR 31.10.06.28D COMAR 31.10.06.31B(1) and (2) (effective 01/01/20), Plan C re-designated Plan D and Plan F re-designated Plan G for individuals newly eligible for Medicare on or after 01/01/20)	Required Plans Not Filed – Plan A and Plan D or Plan G		
	COMAR 31.10.06.28D(1)	a. Plan A		
	COMAR 31.10.06.28D(2), COMAR 31.10.06.31B (effective 01/01/20)	b. Plan D or Plan G required if make available any of additional benefits in COMAR 31.10.06.27D or Plan K or Plan L in COMAR 31.10.06.28H(8) and (9)		
B2.	COMAR 31.10.06.31A(4) (effective 01/01/20)	Submission includes Plan C, Plan F, and/or Plan F high ded. for individuals newly eligible for Medicare only on or after 01/01/20. New form and rate filings for these plans are not permitted to be sold or issued to these newly Medicare eligible individuals		
B3.	COMAR 31.10.06.28F(1)	Plans Are Not Uniform in Structure, Language, Designation		
B4.	COMAR 31.10.06.28F(2) COMAR 31.10.06.28H	Benefit Provisions Do Not Appear in Required Order		
B5.	COMAR 31.10.06.07B	Submission Includes Waiver Rider		
B6.	COMAR 31.10.06.08B(3)	Plan Indemnifies Differently for Sickness Than For Accident		
B7.	COMAR 31.10.06.04D(1)	Submitting More Than One Form of Each Type of Plan		
B8.	COMAR 31.10.06.04E(3)	Submitting Type of Form Within 5 years of Discontinuing Same Type of Form		

C. Required Basic Core Benefit (Plans A, B, C, D, F, F high ded., and G) (Plan G high ded., effective 01/01/20) (Plans C, F, F high ded. available for sale to individuals eligible for Medicare before 01/01/2020)

	Citation	Description	"X" Means Applicable	Form/ Page
C1.		Medicare Part A Coverage		
	§15-906(a); COMAR 31.10.06.27C(1)(a)	a. Coinsurance for 61st - 90th day of hospitalization		

	Citation	Description	"X" Means Applicable	Form/ Page
	§15-906(a); COMAR 31.10.06.27C(1)(b)	b. Coinsurance for Medicare lifetime inpatient reserve days		
	§15-906(a); COMAR 31.10.06.27C(1)(c)	c. Lifetime maximum additional 365 days of hospitalization after lifetime inpatient reserve days		
	COMAR 31.10.06.27C(2)	<ul style="list-style-type: none"> Provider accepts payment of hospitalization expenses as full payment and may not bill insured for any balance 		
	§15-906(a); COMAR 31.10.06.27C(1)(d)	d. First 3 pints of blood		
	§15-906(a); COMAR 31.10.06.27C(1)(f)	Hospice care and respite care		
C2.		Medicare Part B Coverage		
	§15-906(a); COMAR 31.10.06.27C(1)(e)	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)(d)	b. First 3 pints of blood		

D. Additional Required Benefits (Plans B, D, G, M, and N) (Plan G high ded., effective 01/01/20) (Plans C, F, F high ded. available for sale to individuals eligible for Medicare before 01/01/2020)

	Citation	Description	"X" Means Applicable	Form/ Page
D1.	COMAR 31.10.06.27D(1)	Medicare Part A Deductible (Plans B, C, D, F, F high ded., G, G high ded.)		
D2.	COMAR 31.10.06.27D(3)	Skilled Nursing Facility Coinsurance (Plans C, D, F, F high ded., G, G high ded.)		
D3.	COMAR 31.10.06.27D(4)	Medicare Part B Deductible (C, F, F high ded.)		
	COMAR 31.10.06.31A(2) and 31.10.06.31A(4) (effective 01/01/20)	a. New form and rate filings for Plans C, F, F high ded. are permitted only: <ul style="list-style-type: none"> to provide coverage for Medicare Part B deductible to be sold for individuals eligible for Medicare before 01/01/20 		
	COMAR 31.10.06.31B(3)(c) (effective 01/01/20)	b. Medicare Part B deductible paid shall be considered an out-of-pocket expense in meeting annual Plan G high deductible		

	Citation	Description	"X" Means Applicable	Form/ Page
D4.	COMAR 31.10.06.27D(5)	Medicare Part B Excess (100%) (Plans F, F high ded., G, G high ded.)		
D5.	COMAR 31.10.06.27D(6)	Foreign Travel Emergency (Plans C, D, F, F high ded., G, G high ded.)		

E. Required Benefit (Plans K and L)

	Citation	Description	"X" Means Applicable	Form/ Page
E1.		Hospitalization		
	COMAR 31.10.06.28H(8)(b)(i) and COMAR 31.10.06.28H(9)(b)(i)	a. Part A coinsurance for 61st – 90th day of hospitalization <ul style="list-style-type: none"> • Plan K- 100% • Plan L - 100% 		
	COMAR 31.10.06.28H(8)(b)(ii) and COMAR 31.10.06.28H(9)(b)(i)	b. Part A coinsurance for lifetime reserve days <ul style="list-style-type: none"> • Plan K - 100% • Plan L - 100% 		
	COMAR 31.10.06.28H(8)(b)(iii) and COMAR 31.10.06.28H(9)(b)(i)	c. 365 days of hospitalization after lifetime reserve days <ul style="list-style-type: none"> • Plan K - 100% • Plan L - 100% 		
	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)	d. Medicare Part A deductible <ul style="list-style-type: none"> • 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% 		
	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)	e. Skilled Nursing Facility Care – coinsurance for 21st – 100th day <ul style="list-style-type: none"> • 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% 		
	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)	f. Hospice Care <ul style="list-style-type: none"> • 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% 		

	Citation	Description	"X" Means Applicable	Form/ Page
	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)	g. First 3 pints of blood for Part A or Part B <ul style="list-style-type: none"> 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		
	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)	a. Expenses under Medicare Part B, except for Preventive Services, after Insured pays Medicare Part B deductible <ul style="list-style-type: none"> 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% 		
	COMAR 31.10.06.28H(8)(b)(ix) and COMAR 31.10.06.28H(9)(b)(i)	b. Preventive Services <ul style="list-style-type: none"> 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)*		
	COMAR 31.10.06.28H(8)(b)(x)	<ul style="list-style-type: none"> Plan K – 100% after Medicare A and B annual expenses of the current year limit *(In 2006, limit was \$4,000) 		
	COMAR 31.10.06.28H(8)(b)(x) and COMAR 31.10.06.28H(9)(b)(iii)	<ul style="list-style-type: none"> Plan L – 100% after Medicare A and B annual expenses of the current year limit *(In 2006, limit was \$2,000) 		

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

	Citation	Description	"X" Means Applicable	Form/ Page
F1.		Medicare Part A Coverage		
	§15-906(a); COMAR 31.10.06.27C(1)(a)	a. To the extent not covered by Medicare, coinsurance for 61st-90th day of hospitalization		
	§15-906(a); COMAR 31.10.06.27C(1)(b)	b. To the extent not covered by Medicare for lifetime inpatient reserve days		
	§15-906(a); COMAR 31.10.06.27C(1)(c)	c. Coverage for lifetime maximum additional 365 days of hospitalization after lifetime reserve days		

	Citation	Description	"X" Means Applicable	Form/ Page
	§15-906(a); COMAR 31.10.06.27C(1)(d)	d. First 3 pints of blood		
	§15-906(a); COMAR 31.10.06.27C(1)(f)	e. Hospice care and respite care		
F2.		Medicare Part B Coverage		
	COMAR 31.10.06.27C(1)(e)	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)(d)	b. First 3 pints of blood		

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

	Citation	Description	"X" Means Applicable	Form/ Page
G1.	COMAR 31.10.06.27D(1) and (2), COMAR 31.10.06.28H(10), COMAR 31.10.06.28H(11)(a)	Medicare Part A Deductible <ul style="list-style-type: none"> • Plan M – 50% • Plan N – 100% 		
G2.	COMAR 31.10.06.27D(3)	Skilled Nursing Facility Coinsurance (Plans M, N)		
G3.	COMAR 31.10.06.27D(6)	Foreign Travel Emergency		
G4.		Medicare Part B Copayments (Plan N)		
	COMAR 31.10.06.28H(11)(a)(i)	a. Lesser of \$20 or Medicare B coinsurance or copayment for office visits		
	COMAR 31.10.06.28H(11)(a)(ii)	b. Lesser of \$50 or Medicare Part B coinsurance or copayment for emergency room		
	COMAR 31.10.06.28H(11)(b)	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		

H. Required Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
H1.	§15-906(b)	Automatic Changes in Benefits to Coincide with Changes In Medicare		
H2.	COMAR 31.10.06.27B(6)	Guaranteed Renewable		
H3.	COMAR 31.10.06.27B(10)	Extension of Benefits		
H4.	COMAR 31.10.06.27B(11)	Suspension of Benefits		
	COMAR 31.10.06.27B(11)(a)	<ul style="list-style-type: none"> For individuals entitled to medical assistance under Title XIX of the Social Security Act (Medicaid) 		
	COMAR 31.10.06.27B(11)(c)(i) and COMAR 31.10.06.27B(11)(c)(ii)	<ul style="list-style-type: none"> For individuals entitled to benefits under 226(b) of the Social Security Act and covered under a group health plan as defined in 1862(b)(1)(A)(v) of the Social Security Act (Under age 65 Medicare disabled who secures employer's insurance) 		
H5.	COMAR 31.10.06.18	Waiver of Time Limits for Replacement Policies		
H6.	COMAR 31.10.06.13B(1)	Renewal Provision		
H7.	COMAR 31.10.06.15A(3)	Notice to Buyer on First Page		
H8.	COMAR 31.10.06.03A	Definitions		
	COMAR 31.10.06.03B(1)	a. Accident		
	COMAR 31.10.06.03B(2)	b. Benefit Period		
	COMAR 31.10.06.03B(3)	c. Convalescent Nursing Home		
	COMAR 31.10.06.03B(4)	d. Health Care Expenses		
	COMAR 31.10.06.03B(5)	e. Hospital		
	COMAR 31.10.06.03B(6)	f. Medicare		
	COMAR 31.10.06.03B(7)	g. Medicare Eligible Expenses		
	COMAR 31.10.06.03C(1)	h. Physician		
	COMAR 31.10.06.03C(2)	i. Sickness		
H9.	§15-910	30 Day Right to Return Certificate		
H10.		Conversion		
	§15-909(g)(1)	a. Policyholder termination		

	Citation	Description	"X" Means Applicable	Form/ Page
	§15-909(g)(2)	b. Individual terminates membership in group		
H11.		Replacement		
	COMAR 31.10.06.18	Waiver of time limits		
	§15-909(g)(3)(i)	Offer of coverage to all persons covered under prior contract		
H12.	§15-909(b)(6)(ii) House Bill 247, Chpt. 680, Acts of 2022 (effective 01/01/23, applicable 07/01/23); COMAR 31.10.06.06	Provision indicating that during the 30 days Open Enrollment period following the birthday of an individual enrolled in a Medicare supplement plan certificate that the carrier allows the eligible individual (member of a group) to enroll in any other available Medicare supplement plan certificate offered by the carrier with benefits that are equal to or less than the benefits of the individual's existing coverage (New certificate form)		
		<ul style="list-style-type: none"> For a group policy issued in another jurisdiction, a Maryland resident would only be entitled to enroll in a new Medicare supplement plan certificate currently offered by a carrier in Maryland 		
	§15-909(b)(6)(iii); COMAR 31.10.06.06A	<ul style="list-style-type: none"> Birthday Rule Medicare supplement Plans Matrix Chart 		

I. Prohibited Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
I1.	§15-909; COMAR 31.10.06.06A	Denial or Rating of Insurance if Application Submitted During First 6 Months of Enrollment in Medicare Part B For Individuals age 65 or older		
I2.	§15-909, Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 01/01/20, Plan C re-designated as Plan D for individuals newly eligible for Medicare on or after 01/01/20); COMAR 31.10.06.06D	Denial or Rating of Plans A and D if Application Submitted During the First 6 months of Enrollment in Medicare Part B for Disabled Individuals Under Age 65		
I3.		Premium Rates		
	COMAR 31.10.06.04C(2)(b)	a. May not increase premium rates until at least 1 year after the certificate effective date		

	Citation	Description	"X" Means Applicable	Form/ Page
	COMAR 31.10.06.04C(3)	b. Starting 1 year after certificate effective date, may not increase premium rates for insured individual more than once a year		
14.	§15-909(f)	Cancellation or Nonrenewal for Unacceptable Reasons		
15.	§15-906(d)(1)	Exclusions More Exclusive Than Those of Medicare		
16.	§15-906(d)(2)	Benefits Duplicate Medicare Benefits		
17.	COMAR 31.10.06.27C(3)	Plan Includes Benefit Not Permitted in Designated Plan		
18.	COMAR 31.10.06.13B(3)	Policy Bases Benefits on "Usual and Customary" or "Reasonable and Customary" Standards		
19.	COMAR 31.10.06.27B(5)	Termination of Insured Spouse's Coverage Due to Termination of Insured's Coverage		
110.	§15-602	State Hospital, etc., Charitable or Otherwise		
111.	§15-502	Reduction of Medical Assistance Program Prohibited		
112.	§27-504	Prohibited Discrimination for Domestic Violence Victims		
113.	COMAR 31.10.06.26	Prohibition Against Use of Genetic Information and Requests for Genetic Testing		
114.	§15-126	Cannot Compete or Substitute Access to the 911 Emergency Service		
115.	COMAR 31.10.06.28I	New or Innovative Benefits		
	COMAR 31.10.06.28I(3)	a. May not adversely impact the goal of Medicare supplement simplification.		
	COMAR 31.10.06.28I(4)	b. May not include an outpatient prescription drug benefit		
	COMAR 31.10.06.28I(5)	c. May not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan		
116.	COMAR 31.04.17.07	Advertising Prohibited		

J. Required Standard Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
J1.	COMAR 31.11.10.03	Required Standard Provisions		
J2.	COMAR 31.11.10.04A	Entire Contract		
J3.	COMAR 31.11.10.04B	Contestability of Coverage		
J4.	COMAR 31.11.10.04C	Notice of Claim		
J5.	COMAR 31.11.10.04D	Claim Forms		
J6.	COMAR 31.11.10.04E	Proofs of Loss		
	§15-1005(e)	<ul style="list-style-type: none"> For contracts 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 		
J7.	COMAR 31.11.10.04F	Time of Payment of Claims		
J8.	COMAR 31.11.10.04G	Payment of Claims		
J9.	COMAR 31.11.10.04H	Legal Action		
J10.	COMAR 31.11.10.04I	Grace Period		
J11.	COMAR 31.11.10.04J	Certificates		
J12.	COMAR 31.11.10.04K	Addition of Employees/Members		
J13.	COMAR 31.11.10.04L	Misstatement of Age		
J14.	COMAR 31.11.10.04N	Premium Due Date		

K. Optional Provisions

	Citation	Description	"X" Means Applicable	Form/ Page
K1.	COMAR 31.11.10.07A	Physical Examination		
K2.	COMAR 31.11.10.07B	Autopsy		

L. Applications

	Citation	Description	"X" Means Applicable	Form/ Page
L1.	§12-203	Failure to File		
L2.	COMAR 31.10.06.14	Failure to Include Required Questions and Statements		
L3.	§27-805; MIA Bulletin 12-07	Insurance Fraud-Required Disclosure Statement		

	Citation	Description	"X" Means Applicable	Form/ Page
L4.		Questions on Applications		
	§12-205(b)(9)	a. Seven Year Limit on Health Questions		
	§27-909(c); COMAR 31.10.06.26	b. May Not Inquire About Genetic Tests or Genetic Information		
	§27-504	c. Domestic Violence		
	COMAR 31.04.17.06E; §12-207	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 31.04.17.06C	e. Questions about "hazardous activities" must list activities considered to be "hazardous"		
	COMAR 31.04.17.06D	f. Questions about the use of "habit-forming drugs" must specific drugs considered to be "habit-forming"		
	COMAR 31.04.17.06F and 31.04.17.06G	g. Questions about symptoms or indications of physical/mental conditions must ask about "known symptoms" and "known indications"		
	House Bill 536, Chpt. 495, Acts of 2022 (effective 06/29/22); MIA Bulletin 23-4	h. Include a question designed to elicit information as to whether an individual is eligible for the 63 days open enrollment period following the later of the date of termination from the Maryland Assistance Program or the date the individual is notified of termination from the Maryland Medical Assistance Program.		
		<ul style="list-style-type: none"> Clearly address circumstances described in House Bill 536 for guarantee issuance of a Medicare supplement plan certificate 		
§15-909(b)(6), House Bill 247, Chpt. 680, Acts of 2022 (effective 01/01/23, applicable 07/01/23); COMAR 31.10.06.06A	i. If no question for eligibility for enrolling in Medicare supplement policy during the 30 days open enrollment period following an individual's birthday, would need to know how carrier determines individuals who are applying for the Birthday Rule open enrollment period.			
§15-909(b)(6)(iii); COMAR 31.10.06.06A	<ul style="list-style-type: none"> Birthday Rule Medicare supplement Plans Matrix Chart 			
L5.	§12-202(c)	Application Changes		

	Citation	Description	"X" Means Applicable	Form/ Page
L6.	§12-207	Representations, Not Warranties		
L7.	COMAR 31.04.17.08	Proxy		
L8.	COMAR 31.04.17.10B	Good Health Warranty Not Permitted		
L9.	COMAR 31.04.17.06B	Certain States		
L10.	§12-205(b)(2)	The description of the preexisting conditions limitation is not the same as in the policy		
L11.	COMAR 31.04.17.06I(2)	Check-off boxes required for carrier name if application is to be used by more than one carrier		
L12.	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		
L13.	COMAR 31.04.17.06A	Application shall stipulate the plan and any added optional benefits (including innovative benefits) applied for		
	COMAR 31.10.06.31A(2) COMAR 31.10.06.31D	<ul style="list-style-type: none"> • Clearly indicate which plans that only individuals eligible for Medicare before 01/01/20 can apply for • In addition to Plans C, F, F high ded., Individuals eligible for Medicare before 01/01/20 can apply for Plan G high ded. on and after 01/01/20 		
L14.	§15-909(b)(3), Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 01/01/20, Plan C re-designated as Plan D for individuals newly eligible for Medicare on or after 01/01/20)	Application for Plans A and D may not be limited to individuals age 65 and over		
L15.		May Not Direct Medical Questions to:		
	§15-909(b)(1)	a. Individuals Over Age 65 During the Open Enrollment Period		
	§15-909(b)(3), Senate Bill 52, Chpt. 664, Acts of 2018 (amended effective 01/01/20, Plan C re-designated as Plan D for individuals newly eligible for Medicare on or after 01/01/20)	b. Disabled Individuals Under Age 65 Applying for Plan A or Plan D During the Open Enrollment Period		

§15-909(b)(3)(i)	<ul style="list-style-type: none"> If the individual 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 		
COMAR 31.10.06.09-1	c. Eight Classes of Individuals Eligible for Guaranteed Issue Contracts		
COMAR 31.10.06.31E	<ul style="list-style-type: none"> For an individual newly eligible for Medicare on or after 01/01/20, any reference to Plan C or Plan F (including F high ded.) is deemed to be a reference to Plan D or Plan G (including Plan G high ded.) 		
House Bill 536, Chpt. 495, Acts of 2022 (effective 06/29/22); MIA Bulletin 23-4	d. Individual, who is enrolled in Medicaid, becomes eligible for Medicare Part B and is terminated from the Medicaid program.		
	<ul style="list-style-type: none"> Eligible Individual (member of a group) can apply for any Medicare supplement plan certificate that company sells within the 63 days period following the later of the date the individual was terminated from Medicaid or the date the individual is notified of Medicaid termination. 		
§15-909(b)(6), House Bill 247, Chpt. 680, Acts of 2022 (effective 01/01/23, applicable 07/01/23); COMAR 31.10.06.06A	e. For an individual enrolled in a Medicare supplement plan certificate during the 30 days Open Enrollment Period following the individual's Birthday		

M. Other

	Citation	Description	"X" Means Applicable	Form/ Page
M1.		Preexisting Conditions <ul style="list-style-type: none"> Also applicable to any Reinstatement provision in contract 		
	§15-909(d)	a. Definition and Maximum Exclusion		
	COMAR 31.10.06.13B(4)	b. Must appear as separate paragraph		
	COMAR 31.10.06.06B; §15-909(e)	c. Credit for Creditable Coverage		
M2.	COMAR 31.10.06.13B(2)	Signed Acceptance of Rider Reducing Coverage or Increasing Benefits		
		<ul style="list-style-type: none"> Separate Additional Premium for Rider Must be Shown in Certificate 		

	Citation	Description	"X" Means Applicable	Form/ Page
M3.	COMAR 31.10.06.13B(6)	Acceptable Guide to Health Insurance for People with Medicare Not Included		
M4.	COMAR 31.10.06.13E	Acceptable Outline of Coverage Not Included		
M5.	COMAR 31.10.06.14E	Acceptable Notice to Applicant Not Included		
M6.	§12-209	Contract Governed by Maryland Law		
M7.	COMAR 31.10.01.03R	Must be Given At Least 40 Days Notice of Premium Increase		
M8.	§15-304	Direct Payment of Hospital or Medical Services		
M9.	§15-1005(g)	Payment of Interest on Unpaid Claims		
M10.	COMAR 31.15.08	Payment of Claims, Unfair Trade Practices		
M11.	§12-203	Failure to Include Group Policy and Certificate		
M12.	COMAR 31.11.10.04J	Corrections Required in the Master Policy are Also Required in the Certificate		
M13.	§27-216; MIA Bulletin 17-10	Requirements for Acceptance of Credit Cards for Premium Payment and Charging of Fees for Use of Credit Cards		