

Article - Insurance

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§15–202.

(a) Except as otherwise provided in this section, each policy of health insurance that is delivered or issued for delivery in the State:

(1) shall contain the exact language of each provision that is required under §§ 15-207 through 15-218 of this subtitle and any optional provision in §§ 15-207 through 15-226 of this subtitle that is used; and

(2) shall contain each mandatory provision and any optional provision that is used:

(i) in the order in which those provisions appear in this subtitle; or

(ii) as individual items in any part of the policy with other provisions to which they may be logically related, if the resulting policy is not wholly or partly unintelligible, uncertain, or likely to mislead a person to whom the policy is offered, delivered, or issued.

(b) The insurer may substitute a corresponding provision with different wording for a provision set forth in this subtitle if the corresponding provision is approved by the Commissioner and is not less favorable in any respect to the insured or beneficiary.

(c) If a provision specified in §§ 15-207 through 15-218 of this subtitle is wholly or partly inapplicable to or inconsistent with the coverage provided by a particular form of policy, the insurer, with the approval of the Commissioner, shall:

(1) omit from the policy the inapplicable provision or part of the provision;
or

(2) modify the inconsistent provision or part of the provision to make it consistent with the coverage provided by the policy.

(d) Each provision shall be preceded individually by the applicable caption shown or, at the option of the insurer, by an appropriate individual or group caption or subcaption that the Commissioner approves.

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