A BILL ENTITLED

AN ACT concerning

Insurance – Medicare Supplement Policy Plans – Open Enrollment Period Following Birthday

FOR the purpose of requiring a carrier to make available to an individual enrolled in a Medicare supplement policy plan different Medicare supplement policy plans with certain benefits during a certain time period following the individual’s birthday; providing that a certain Medicare supplement policy plan shall be deemed to have benefits that are equal to or less than certain coverage under certain circumstances; prohibiting a carrier, for a plan required to be made available under a certain provision of this Act, from denying or conditioning the effectiveness of the plan, or discriminating in the pricing of the plan, based on certain factors and from denying, reducing, or conditioning coverage to the individual based on certain factors; requiring a certain carrier to provide certain notice to an insured within a certain time period; and generally relating to Medicare supplement policy plans.

BY adding to
Article – Insurance
Section 15–909(b)(6)
Annotated Code of Maryland
(2017 Replacement Volume and 2019 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Insurance

15–909.

(b) (6) (I) DURING THE 30 DAYS FOLLOWING THE BIRTHDAY OF AN INDIVIDUAL ENROLLED IN A MEDICARE SUPPLEMENT POLICY PLAN, A CARRIER
SHALL MAKE AVAILABLE TO THE INDIVIDUAL DIFFERENT MEDICARE SUPPLEMENT POLICY PLANS WITH BENEFITS THAT ARE EQUAL TO OR LESSER THAN THE BENEFITS OF THE INDIVIDUAL’S EXISTING COVERAGE.

(II) A replacement Medicare supplement policy plan made available to an individual under subparagraph (i) of this paragraph shall be deemed to have benefits that are equal to or lesser than the individual’s existing coverage unless:

1. THE REPLACEMENT PLAN CONTAINS:

A. COVERAGE FOR 100% OF THE MEDICARE PART A DEDUCTIBLE; OR

B. COVERAGE FOR PART B EXCESS CHARGES; AND

2. ONE OR BOTH OF THE BENEFITS DESCRIBED UNDER ITEM 1A AND B OF THIS SUBPARAGRAPH ARE NOT INCLUDED IN THE INDIVIDUAL’S EXISTING COVERAGE.

(III) FOR A MEDICARE SUPPLEMENT POLICY PLAN REQUIRED TO BE MADE AVAILABLE UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH, A CARRIER MAY NOT:

1. DENY OR CONDITION THE ISSUANCE OR EFFECTIVENESS OF A MEDICARE SUPPLEMENT POLICY PLAN, OR DISCRIMINATE IN THE PRICING OF THE PLAN, BECAUSE OF THE HEALTH STATUS, CLAIMS EXPERIENCE, OR MEDICAL CONDITION OF THE INDIVIDUAL OR THE RECEIPT OF HEALTH CARE BY THE INDIVIDUAL; OR

2. DENY, REDUCE, OR CONDITION COVERAGE TO THE INDIVIDUAL FOR A MEDICARE SUPPLEMENT POLICY PLAN BECAUSE OF THE HEALTH STATUS, CLAIMS EXPERIENCE, OR MEDICAL CONDITION OF THE INDIVIDUAL OR THE USE OF MEDICAL CARE BY THE INDIVIDUAL.

(IV) A CARRIER THAT OFFERS MEDICARE SUPPLEMENT POLICY PLANS SHALL NOTIFY AN INSURED OF THE INSURED’S RIGHTS UNDER THIS PARAGRAPH AT LEAST 30 DAYS, BUT NOT MORE THAN 60 DAYS, BEFORE THE INSURED’S BIRTHDAY.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2020.