

§2327. Group rates

A group health care contract may not be issued by a nonprofit hospital or medical service organization in this State until a copy of the group rates to be used in calculating the premium for these contracts has been filed for informational purposes with the superintendent. The filing must include the base rates and a description of any procedures to be used to adjust the base rates to reflect factors including but not limited to age, gender, health status, claims experience, group size and coverage of dependents. Notwithstanding this section, rates for group Medicare supplement, nursing home care or long-term care contracts and for certain group contracts included within the definition of "individual health plan" in Title 24-A, section 2736-C, subsection 1, paragraph C must be filed in accordance with section 2321 and rates for small group health plans as defined by Title 24-A, section 2808-B must be filed in accordance with that section. [PL 2003, c. 469, Pt. E, §1 (AMD).]

SECTION HISTORY

PL 1979, c. 558, §5 (NEW). PL 1985, c. 648, §2 (AMD). PL 2003, c. 428, §E1 (AMD). PL 2003, c. 469, §E1 (AMD).

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