

TITLE 365. INSURANCE DEPARTMENT
CHAPTER 10. LIFE, ACCIDENT AND HEALTH
SUBCHAPTER 23. DISCOUNT MEDICAL PLAN ORGANIZATIONS

365:10-23-1. Forms

- (a) No discount medical plan organization form delivered for use in the State of Oklahoma shall contain any condition, stipulation or agreement requiring construction according to the laws of any other state or country. Any such condition, stipulation or agreement shall be void, but shall not affect any other form provisions.
- (b) As allowed by Section 1219.4(H)(2) of Title 36, the Insurance Department may review and disapprove a form for the following reasons:
- (1) If the Insurance Department determines that the form does not comply with the applicable laws of this state; or
 - (2) If the form is unjust, unfair or inequitable to the discount medical plan organization member.
- (c) Within thirty (30) days after any regulatory or statutory change affecting any form used by a discount medical plan organization, the plan shall file an endorsement that brings such forms into compliance. Failure to do so is qualified as grounds for disciplinary action by the Insurance Commissioner.

[Source: Added at 23 Ok Reg 2672, eff 7-14-06]

365:10-23-2. Inducements.

- (a) No discount medical plan organization or any person affiliated with a discount medical plan organization shall, as an inducement to plan participation, provide in any plan for or offer, sell, buy or offer or promise to buy sell, give, promise or allow to the plan member or prospective plan member or to any other person in his behalf in any manner whatsoever:
- (1) Any employment;
 - (2) Any shares of stock or other securities issued or at any time to be issued or any interest therein or rights thereto;
 - (3) Any advisory board contract or any similar contract, agreement or understanding, offering, providing for, or promising any special profits;
 - (4) Any prizes, goods, wares, merchandise, or tangible property of an aggregate value in excess of Twenty-Five Dollars (\$25.00); or
 - (5) Any special favor, advantage or other benefit in the payment, method of payment or credit for payment of the plan through the use of credit cards, credit card facilities, credit card lists, or wholesale or retail credit accounts of another person.
- (b) No discount medical plan organization, in conjunction with or as part of an offer for plan participation, shall issue, or cause to be issue, any policy of insurance of any type or description upon life, or property, real or person, whenever such policy of insurance is to be furnished or delivered to the purchaser or bailee of any property, real or personal, as an inducement to purchase or bail said property, real or person.

[Source: Added at 23 Ok Reg 2672, eff 7-14-06]

365:10-23-3. Audited Financial Statements

Each application and renewal application for a discount medical plan organization registration shall include an audited financial statement. The audited financial statement shall have been prepared within twelve (12) months of the application.

[Source: Added at 24 Ok Reg 2206, eff 7-14-07]

365:10-23-4. Marketers of Discount Medical Plan Organizations

Discount medical plan organizations shall submit a list of its marketers to the Insurance Commissioner. The list shall be submitted within (30) days following the close of each calendar quarter.

[Source: Added at 23 Ok Reg 2206, eff 7-14-07]