

**514D.3 Standards for policies established.**

1. The commissioner shall issue rules to establish specific standards, including standards of full and fair disclosure, that set forth the manner, content, and required disclosure for the sale of policies of individual accident and sickness insurance and individual subscriber contracts which shall be in addition to and in accordance with applicable laws of this state, including but not limited to [sections 514A.1 to 514A.12](#). These rules may include, but shall not be limited to, any of the following subjects:

- a. Terms of renewability.
- b. Initial and subsequent conditions of eligibility.
- c. Nonduplication of coverage provisions.
- d. Coverage of dependents.
- e. Coverage of persons eligible for Medicare by reason of age.
- f. Preexisting conditions.
- g. Termination of insurance.
- h. Probationary periods.
- i. Limitations.
- j. Exceptions.
- k. Reductions.
- l. Elimination periods.
- m. Requirements for replacement.
- n. Recurrent conditions.
- o. The definition of terms, including but not limited to the following: Hospital, accident, sickness, injury, physician, accidental means, total disability, partial disability, nervous disorder, guaranteed renewable, and noncancelable.

2. The commissioner may issue rules with respect to policies of individual accident and sickness insurance and individual subscriber contracts that specify prohibited policies or subscriber contracts, or prohibited policy or contract provisions which the commissioner finds to be unjust, unfair, or unfairly discriminatory to the policyholder or any person insured under the policy or any beneficiary. [This subsection](#) does not authorize the commissioner to prohibit a policy or policy provision or subscriber contract or contract provision which is specifically authorized by statute.

3. A rule issued by the commissioner under [this section](#) shall not apply to a conversion policy issued pursuant to a contractual conversion privilege under a group or individual policy of accident and sickness insurance when such group or individual contract contains provisions that are inconsistent with the requirements of [this chapter](#) or any rule issued under [this chapter](#).

4. A rule issued by the commissioner under [this section](#) shall not apply to policies being issued to employees or members being added to a franchise plan, as defined in [section 509.14](#), which is in existence on the effective date of the rule.

[C81, §514D.3]