



## Ohio Revised Code Section 3961.05 Prohibited conduct.

Effective: March 23, 2007

Legislation: Senate Bill 5 - 126th General Assembly

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A discount medical plan organization shall not do any of the following:

- (A) Except when otherwise permitted in sections 3961.01 to 3961.09 of the Revised Code, as a disclaimer of any relationship between discount medical plan benefits and insurance, or in a description of an insurance product connected with a discount medical plan, use the term "insurance" in the organization's advertisements, marketing material, brochures, or discount medical plan cards.
  - (B) Use in the organization's advertisements, marketing material, brochures, or discount medical plan cards the terms "health plan," "coverage," "benefits," "copay," "copayments," "deductible," "pre-existing conditions," "guaranteed issue," "premium," "PPO," "preferred provider organization," or any other terms in a manner that could mislead a person into believing that the discount medical plan is health insurance.
  - (C) Make misleading, deceptive, or fraudulent statements or representations regarding the terms or benefits of the discount medical plan, including, but not limited to, statements or representations regarding discounts, range of discounts, or access to those discounts offered under the discount medical plan.
  - (D) Except for hospital services, have restrictions on access to discount medical plan providers, including, but not limited to, waiting and notification periods.
  - (E) Pay providers fees for medical services or collect or accept money from a member to pay a provider for medical services received under the discount medical plan.
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