

(G) (1) "HEALTH BENEFIT PLAN" MEANS:

(I) A HOSPITAL OR MEDICAL POLICY OR CONTRACT, INCLUDING A POLICY OR CONTRACT ISSUED UNDER A MULTIPLE EMPLOYER TRUST OR ASSOCIATION;

(II) A HOSPITAL OR MEDICAL POLICY OR CONTRACT ISSUED BY A NONPROFIT HEALTH SERVICE PLAN;

(III) A HEALTH MAINTENANCE ORGANIZATION CONTRACT; OR

(IV) A DENTAL PLAN ORGANIZATION CONTRACT.

(2) "HEALTH BENEFIT PLAN" DOES NOT INCLUDE ONE OR MORE, OR ANY COMBINATION OF THE FOLLOWING:

(I) LONG-TERM CARE INSURANCE;

(II) DISABILITY INSURANCE;

(III) ACCIDENTAL TRAVEL AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE;

(IV) CREDIT HEALTH INSURANCE;

(V) A HEALTH BENEFIT PLAN ISSUED BY A MANAGED CARE ORGANIZATION, AS DEFINED IN TITLE 15, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE;

(VI) DISEASE-SPECIFIC INSURANCE; OR

(VII) FIXED INDEMNITY INSURANCE.

(G) (H) "HEALTH CARE PROVIDER" MEANS:

(1) AN INDIVIDUAL WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH CARE SERVICES IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION AND IS A TREATING PROVIDER OF THE MEMBER; OR

(2) A HOSPITAL, AS DEFINED IN § 19-301 OF THE HEALTH - GENERAL ARTICLE.

~~(H)~~ (I) "HEALTH CARE SERVICE" MEANS A HEALTH OR MEDICAL CARE PROCEDURE OR SERVICE RENDERED BY A HEALTH CARE PROVIDER THAT:

(1) PROVIDES TESTING, DIAGNOSIS, OR TREATMENT OF A HUMAN DISEASE OR DYSFUNCTION; OR

(2) DISPENSES DRUGS, MEDICAL DEVICES, MEDICAL APPLIANCES, OR MEDICAL GOODS FOR THE TREATMENT OF A HUMAN DISEASE OR DYSFUNCTION.

~~(H)~~ (J) (1) "MEMBER" MEANS A PERSON ENTITLED TO HEALTH CARE BENEFITS SERVICES UNDER A POLICY, PLAN, OR CERTIFICATE CONTRACT ISSUED OR DELIVERED IN THE STATE BY A CARRIER.