

- (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.

[(h)] ~~(H)~~ (I) "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.

[(i)] ~~(I)~~ (J) "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.

[(j)] ~~(J)~~ (K) (1) "Member" means a person entitled to health care services under a policy, ~~HEALTH BENEFIT~~ plan, or contract issued or delivered in the State by a carrier.

- (2) "Member" includes:
  - (i) a subscriber; and
  - (ii) unless preempted by federal law, a Medicare recipient.