

United States Department of Health and Human Services.

(9) "Insurer" means an insurer authorized to issue health insurance coverage under this article, including nonprofit health service plans.

(10) "State Medicare Act" or "Act" means §§ 468B through [468H] 468GB, INCLUSIVE, of this subtitle, unless the context requires otherwise.

468BA.

AN INSURER SHALL RESTORE ANY BENEFITS WHICH WERE ELIMINATED FROM A MEDICARE SUPPLEMENT POLICY BY OPERATION OF THE MEDICARE CATASTROPHIC COVERAGE ACT OF 1988.

468C.

(a) (1) Unless it complies with the requirements of the State Medicare Act, a Medicare supplement policy may not be issued, delivered, or renewed in this State by an insurer.

(2) [This Act shall] THE PROVISIONS OF §§ 468B THROUGH 468GB, INCLUSIVE, OF THIS ARTICLE apply to:

(i) All certificates issued under group Medicare supplement policies or subscriber contracts, which certificates have been delivered or issued for delivery in the State; and

(ii) All Medicare supplement policies and subscriber contracts delivered or issued for delivery in the State on or after July 1, 1989.

(b) (1) In this section "low-dose mammography" means x-ray examination of the breast using dedicated equipment including x-ray tube, filter, compression device, screens, films, and cassettes specifically for mammography with average radiation exposure to deliver less than 1 RAD mid-breast, 2 views per breast.

(2) A Medicare supplement policy shall provide at least the following minimum benefits:

(i) Coverage of Medicare Part A eligible expenses for the initial Medicare deductible for hospitalization in any Medicare benefit period;

[(ii) Coverage for the daily copayment amount of Medicare Part A eligible expenses for the first 8 days per calendar year incurred for skilled nursing facility care, regardless of any prior hospital confinement;

[(iii) Coverage for the reasonable cost of the first 3 pints of blood under Part A, and effective January 1, 1990 coverage for the reasonable cost of the first 3 pints of blood under Part B, unless replaced in accordance with federal regulations;

[(iv) Coverage for drugs in accordance with paragraph (3)(iii) of this subsection; and

(v) Coverage in the amount of 20 percent of Medicare eligible