544. 543. Duplication of benefits; coordination of policies

- (a) Notwithstanding any other provision of this subtitle, no person shall recover benefits under the coverages required in Sections 539, 540, and 542 AND 541 of this article from more than one MOTOR VEHICLE LIABILITY policy or insurer on either a duplicative or supplemental basis.
- (b) As to any person injured in an accident while occupying a motor vehicle for which the coverage required by Sections 539 and 540 SECTION 539 of this article are in effect, and as to any person injured as a pedestrian by such a motor vehicle, the benefits shall be payable by the insurer of the motor vehicle.
- (c) As to any person insured under a policy providing the coverage required by Sections 539, 540 and 542 AND 541 of this article who is injured in an accident while occuping or struck as a pedestrian by a motor vehicle for which such coverage is not in effect, the benefits shall be payable by the injured party's insurer providing such coverage; provided, however, that such benefits shall be reduced to the extent of any medical or disability benefits coverage applicable to the motor vehicle and collectable from the insurer of such motor vehicle.
- (d) Benefits payable under the coverages required in Sections 539, 540 and 542 AND 541 of this article shall be reduced to the extent that the recipient has recovered benefits under Workmen's Compensation laws of any State or the Federal government.
- (E) NOTHING HEREIN SHALL PROHIBIT A NON-PROFIT HEALTH SERVICE PLAN OR AN AUTHORIZED INSURER, WITH THE APPROVAL OF THE COMMISSIONER, FROM PROVIDING MEDICAL, HOSPITAL, AND DISABILITY BENEFITS IN CONNECTION WITH MOTOR VEHICLE ACCIDENTS.

545. 544. Payment of Benefits.

All payments of benefits prescribed under Sections 539 and 540 SECTION 539 shall be made periodically as the claims therefor arise and as promptly as AND WITHIN 30 DAYS AFTER satisfactory proof thereof is received by the insurer subject to the following limitations:

- (a) The coverages described in Sections 539 and 540 SECTION 539 may prescribe a period of not less than six months after the date of accident within which the original proof of loss with respect to a claim for benefits must be presented to the insurer.
- (b) The coverages described in Sections 539 and 540 SECTION 539 may provide that in any instance where a lapse occurs in the period of total disability or in the medical treatment of an injured person who has received benefits under such coverage or coverages and such person subsequently claims additional benefits based upon an alleged recurrence of the injury for which the original claim for benefits was made, the insurer may require reasonable medical proof of such alleged recurrence; provided, that in no event shall the aggregate benefits payable to any person exceed the maximum limits prescribed in the policy, and provided further that such coverages may contain provisions terminating eligibility for benefits after a prescribed period of lapse of disability and medical treatment, which period shall not be less than one year.