

468B-

{A}--ALL-INDIVIDUAL-AND-GROUP-HEALTH-INSURANCE-POLICIES PROVIDING--COVERAGE--ON--AN--EXPENSE--INCURRED---BASIS---AND INDIVIDUAL--AND--GROUP--SERVICE--OR-INDEMNITY-TYPE-CONTRACTS ISSUED-BY-A-NONPROFIT-CORPORATION-WHICH-PROVIDE-COVERAGE-FOR A-FAMILY-MEMBER-OF-THE-INSURED-OR-SUBSCRIBER--SHALL,--AS--TO SUCH--FAMILY-MEMBERS--COVERAGE,--ALSO-PROVIDE--THAT--THE-HEALTH INSURANCE-BENEFITS-APPLICABLE-FOR-CHILDREN-SHALL-BE--PAYABLE WITH--RESPECT--TO--A--NEWLY--BORN--CHILD--OF--THE-INSURED-OR SUBSCRIBER-FROM-THE-MOMENT-OF-BIRTH.

{B}--THE-COVERAGE-FOR-NEWLY-BORN--CHILDREN--SHALL--ALSO CONSIST--OF--COVERAGE--OF--INJURY--OR-SICKNESS-INCLUDING-THE NECESSARY--CARE--AND--TREATMENT---OF--MEDICALLY---DIAGNOSED CONGENITAL-DEFECTS-AND-BIRTH-ABNORMALITIES.

{C}--IF--PAYMENT--OF-A-SPECIFIC-PREMIUM-OR-SUBSCRIPTION FEE-IS-REQUIRED-TO-PROVIDE-COVERAGE-FOR-A-CHILD,--THE--POLICY OR--CONTRACT--MAY--REQUIRE--THAT--NOTIFICATION-OF-BIRTH-OF-A NEWLY-BORN-CHILD-AND-PAYMENT-OF-THE-REQUIRED-PREMIUM-OR-FEES MUST-BE-FURNISHED-TO-THE-INSURER--OR--NONPROFIT--SERVICE--OR INDEMNITY-CORPORATION-WITHIN-31-DAYS-AFTER-THE-DATE-OF-BIRTH IN--ORDER--TO--HAVE-THE-COVERAGE-CONTINUE-BEYOND-SUCH-31-DAY PERIOD.

{D}--THE-REQUIREMENTS-OF-THIS-SECTION--SHALL--APPLY--TO ALL-INSURANCE-POLICIES-AND-SUBSCRIBER-CONTRACTS-DELIVERED-OR ISSUED--FOR--DELIVERY-IN-THIS-STATE-MORE-THAN-120-DAYS-AFTER JANUARY-17-1975.

468C.

(A) UNLESS IT COMPLIES WITH THE REQUIREMENTS OF THIS SECTION, A MEDICARE SUPPLEMENT POLICY MAY NOT BE ISSUED, OR DELIVERED, OR RENEWED IN THIS STATE BY AN INSURER.

(B) A MEDICARE SUPPLEMENT POLICY SHALL: (1) PROVIDE AT LEAST THE FOLLOWING MINIMUM BENEFITS:

{1} (I) COVERAGE OF MEDICARE PART A ELIGIBLE EXPENSES FOR THE INITIAL MEDICARE DEDUCTIBLE FOR HOSPITALIZATION IN ANY MEDICARE BENEFIT PERIOD; AND

{2} (II) COVERAGE OF MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITALIZATION TO THE EXTENT NOT COVERED BY MEDICARE FROM THE SIXTY-FIRST DAY THROUGH THE NINETIETH DAY IN ANY MEDICARE BENEFIT PERIOD; AND

{3} (III) TO THE EXTENT NOT COVERED BY MEDICARE, COVERAGE OF MEDICARE PART A ELIGIBLE EXPENSES INCURRED AS DAILY HOSPITAL CHARGES DURING USE OF THE MEDICARE LIFETIME INPATIENT HOSPITAL RESERVE DAYS; AND

(2) PROVIDE, OR OFFER AS AN OPTION, AT LEAST THE FOLLOWING BENEFITS: