

(i) All visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control;

(ii) Visits for the collection of adequate samples for hereditary and metabolic newborn screening and follow-up between birth and 4 weeks of age, the first of which to be collected before 2 weeks of age;

(iii) All visits for and costs of age-appropriate screening tests for tuberculosis, anemia, lead toxicity, hearing, and vision as determined by the American Academy of Pediatrics;

(iv) The following services at each of the visits required under subparagraphs (i), (ii), and (iii) of this paragraph:

1. A physical examination;
2. A developmental assessment; and
3. Parental anticipatory guidance; and

(v) Laboratory tests considered necessary by the physician as indicated by the services provided under subparagraphs (i), (ii), (iii), or (iv) of this paragraph.

(d) EXCEPT AS PROVIDED IN SUBSECTION (E) OF THIS SECTION, A NONPROFIT HEALTH SERVICE PLAN UPON NOTIFICATION OF THE PREGNANCY OF THE INSURED, SHALL:

(1) ENCOURAGE AND ASSIST THE INSURED, PRIOR TO THE DELIVERY DATE, TO SELECT AND CONTACT A PRIMARY CARE PROVIDER FOR THE EXPECTED NEWBORN; PRIOR TO DELIVERY; AND

(2) PROVIDE THE INSURED, PRIOR TO THE DELIVERY DATE, WITH INFORMATION ON POSTPARTUM HOME VISITS FOR THE MOTHER AND THE CHILD THAT INCLUDES THE NAMES OF PROVIDERS THAT ARE AVAILABLE FOR POSTPARTUM HOME VISITS; AND

(3) REQUIRE THE INSURED TO SELECT AND CONTACT A PRIMARY CARE PROVIDER FOR THE NEWBORN PRIOR TO DISCHARGE OF THE NEWBORN FROM THE HOSPITAL.

(E) AN INSURER ISSUING AN INSURANCE POLICY THAT IS WRITTEN ON AN EXPENSE INCURRED BASIS AND A NONPROFIT HEALTH SERVICE PLAN THAT DOES NOT REQUIRE OR ENCOURAGE THE INSURED TO UTILIZE ANY PARTICULAR HEALTH CARE PROVIDER OR GROUP OF HEALTH CARE PROVIDERS THAT HAVE ENTERED INTO A CONTRACT WITH THE INSURER NONPROFIT HEALTH SERVICE PLAN TO PROVIDE SERVICES TO THE INSURER'S PLAN'S INSURED'S NEED NOT IS NOT REQUIRED TO COMPLY WITH SUBSECTION (D) OF THIS SECTION.

~~(E)~~ (F) (1) A nonprofit health service plan may not impose a deductible on the coverage required under this section.