

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 438A.

In subsection (b)(1)(i)1, (ii)1, and (iii)1 of this section, the former phrase "[o]n or after October 1, 1993" is deleted as obsolete.

In subsection (b)(1)(ii)3 of this section, the reference to coverage for a "family member" is substituted for the former reference to coverage for "dependents" for consistency throughout this subsection.

In subsection (b)(1)(iii) of this section, the former reference to an indemnity "type" contract is deleted as surplusage.

In subsection (b)(2) of this section, the former phrase "as to such family members' coverage" is deleted as surplusage.

In subsections (c), (d), and (h)(1) and (2) of this section, the references to a "nonprofit health service plan" are added in light of former Art. 48A, § 438A(a)(3), which provided that the term "insurer" included a nonprofit health service plan.

In subsection (c) of this section, the former introductory phrase "[f]or the purpose of coverage under this section" is deleted as surplusage.

In subsection (h)(1) of this section, the reference to the "subscriber" is added to clarify that this provision applies to subscribers of contracts issued by nonprofit health service plans. See, e.g., § 15-403(d)(1) of this subtitle.

In subsection (h)(2) of this section, the introductory phrase "[i]f the insurer or nonprofit health service plan requires proof under this subsection" is added to clarify that an insurer or nonprofit health service plan need not require proof that an insured is the parent or grandparent of a newly born or newly adopted child, but if the insurer or nonprofit health service plan so requires, it must pay the cost of the proof.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

"Premium" § 1-101

15-402. COVERAGE FOR UNMARRIED DEPENDENT INCAPACITATED CHILDREN AND GRANDCHILDREN.

(A) SCOPE OF SECTION.

THIS SECTION APPLIES TO:

(1) EACH INDIVIDUAL OR GROUP HEALTH INSURANCE POLICY THAT IS ISSUED IN THE STATE; AND

(2) EACH CONTRACT THAT IS ISSUED IN THE STATE BY A NONPROFIT HEALTH SERVICE PLAN.