

(IV) THE EMPLOYER NO LONGER EMPLOYS THE INSURING PARENT, EXCEPT THAT IF THE PARENT ELECTS TO EXERCISE THE PROVISIONS OF THE FEDERAL CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA), COVERAGE SHALL BE PROVIDED FOR THE CHILD CONSISTENT WITH THE EMPLOYER'S PLAN FOR POSTEMPLOYMENT HEALTH INSURANCE COVERAGE FOR DEPENDENTS.

(D) DENIAL OF COVERAGE - PROHIBITED GROUNDS.

NOTWITHSTANDING ANY OTHER PROVISION OF THIS ARTICLE, AN ENTITY SUBJECT TO THIS SECTION MAY NOT DENY ENROLLMENT OF A CHILD UNDER THE HEALTH INSURANCE COVERAGE OF AN INSURING PARENT BECAUSE THE CHILD:

- (1) WAS BORN OUT OF WEDLOCK;
- (2) IS NOT CLAIMED AS A DEPENDENT ON THE INSURING PARENT'S FEDERAL INCOME TAX RETURN; OR
- (3) DOES NOT RESIDE WITH THE INSURING PARENT OR IN THE SERVICE AREA OF THE ENTITY.

(E) OBLIGATIONS OF ENTITY.

IF A CHILD HAS HEALTH INSURANCE COVERAGE THROUGH AN INSURING PARENT, AN ENTITY SUBJECT TO THIS SECTION SHALL:

- (1) PROVIDE TO THE NONINSURING PARENT MEMBERSHIP CARDS, CLAIMS FORMS, AND ANY OTHER INFORMATION NECESSARY FOR THE CHILD TO OBTAIN BENEFITS THROUGH THE HEALTH INSURANCE COVERAGE; AND
- (2) PROCESS THE CLAIMS FORMS AND MAKE APPROPRIATE PAYMENT TO THE NONINSURING PARENT, HEALTH CARE PROVIDER, OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE IF THE NONINSURING PARENT INCURS EXPENSES FOR HEALTH CARE PROVIDED TO THE CHILD.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 490W(a)(1) through (5), (b), (c), and (d).

In subsection (a)(2) of this section, the former phrase "through an insurer" is deleted as surplusage. Under this section, health care coverage may be provided through entities other than insurers.

In subsection (a)(4) of this section, the word "ruling" is substituted for the former word "order" so as not to use the word "order" in defining itself.

Subsection (b) of this section is revised as a scope provision rather than a definition of "insurer" to clarify that this section applies to certain types of entities other than insurers, and to avoid possible conflict with the definition of "insurer" in § 1-101 of this article.

In subsection (b)(1) of this section, the reference to nonprofit health service "plans" is substituted for the former reference to a nonprofit health service "organization" for consistency with terminology used throughout this article.