

(2) A MAMMOGRAM EVERY 2 YEARS, OR MORE FREQUENTLY IF RECOMMENDED BY A PHYSICIAN, FOR WOMEN WHO ARE 40 TO 49 YEARS OLD; AND

(3) AN ANNUAL MAMMOGRAM FOR WOMEN WHO ARE AT LEAST 50 YEARS OLD.

(D) EXCEPTION.

A POLICY OR PLAN SUBJECT TO THIS SECTION IS NOT REQUIRED TO COVER SCREENING MAMMOGRAMS USED TO IDENTIFY BREAST CANCER IN ASYMPTOMATIC WOMEN THAT ARE PROVIDED BY A FACILITY THAT IS NOT ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY OR CERTIFIED OR LICENSED UNDER A PROGRAM ESTABLISHED BY THE STATE.

(E) DEDUCTIBLE PROHIBITED.

(1) A POLICY OR PLAN SUBJECT TO THIS SECTION MAY NOT IMPOSE A DEDUCTIBLE ON THE COVERAGE REQUIRED UNDER THIS SECTION.

(2) EACH HEALTH INSURANCE POLICY AND CERTIFICATE SHALL CONTAIN A NOTICE OF THE PROHIBITION ESTABLISHED BY PARAGRAPH (1) OF THIS SUBSECTION IN A FORM APPROVED BY THE COMMISSIONER.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 354JJ, 470Z, and 477JJ.

In subsection (b) of this section, the reference to each "individual" hospital or major medical insurance policy is added to clarify the applicability of this section.

Subsection (d) of this section is revised to incorporate the substance of the former definition of "[s]creening mammogram" since this definition was used only once in former Art. 48A, §§ 354JJ(c), 470Z(c), and 477JJ(c), which also are revised in subsection (d) of this section.

Defined terms: "Commissioner" § 1-101

"Health insurance" § 1-101

"Policy" § 1-101

15-815. COVERAGE FOR RECONSTRUCTIVE BREAST SURGERY.

(A) DEFINITIONS.

(1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "MASTECTOMY" MEANS THE SURGICAL REMOVAL OF ALL OR PART OF A BREAST AS A RESULT OF BREAST CANCER.

(3) (1) "RECONSTRUCTIVE BREAST SURGERY" MEANS SURGERY PERFORMED AS A RESULT OF A MASTECTOMY TO REESTABLISH SYMMETRY BETWEEN THE TWO BREASTS.