

- (2) THE AMOUNT PAID BY THE ENTITY FOR EACH CLAIM FILED; AND
- (3) THE BALANCE OWED BY THE INSURED INDIVIDUAL FOR EACH CLAIM FILED.

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

In subsection (a) of this section, the reference to insurers and nonprofit health service plans that propose to issue or deliver "individual" health insurance policies or contracts is added to clarify the applicability of this section.

In subsection (c)(2) of this section, the reference to the "entity" is substituted for the former references to the "nonprofit health service plan" and the "insurer" in light of subsection (a) of this section.

- Defined terms: "Health insurance" § 1-101
- "Insurer" § 1-101
- "Policy" § 1-101

SUBTITLE 11. MISCELLANEOUS HEALTH INSURANCE POLICIES.

15-1101. CATASTROPHIC HEALTH INSURANCE POLICIES.

(A) REQUIRED:

EACH NONPROFIT HEALTH SERVICE PLAN THAT ISSUES OR DELIVERS A HOSPITAL INSURANCE POLICY IN THE STATE SHALL OFFER A CATASTROPHIC HEALTH INSURANCE POLICY.

(B) KIND AND AMOUNT OF COVERAGE.

THE CATASTROPHIC HEALTH INSURANCE POLICY SHALL PROVIDE FULL COVERAGE FOR THE REASONABLE COST OF NECESSARY HEALTH CARE INCURRED BY THE INSURED UP TO \$1,000,000.

(C) DEDUCTIBLE.

(1) THE CATASTROPHIC HEALTH INSURANCE POLICY MAY PROVIDE FOR A DEDUCTIBLE FOR EACH BENEFIT PERIOD.

(2) THE DEDUCTIBLE MAY BE SATISFIED BY THE INSURED'S BASIC HEALTH INSURANCE COVERAGE OR MAJOR MEDICAL HEALTH INSURANCE COVERAGE.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 361C.

In subsection (a) of this section, the former reference to a policy issued or delivered "to any person" in the State is deleted as implicit.

In subsection (b) of this section, the reference to the "insured" is substituted for the former reference to the "member" for clarity and consistency with subsection (c)(2) of this section.