

1. A minimum of 1 prenatal office visit per month during the first 2 trimesters of pregnancy, 2 office visits per month during the 7th and 8th months of pregnancy, and 1 office visit per week during the 9th month and until term; and

2. All necessary and appropriate screening, physical examination, laboratory and diagnostic procedures, and prenatal counseling that the licensed health care provider determines are necessary;

(iv) Reasonable coverage of obstetrical care, including services by a licensed health care provider, delivery room, post partum care, and other medically necessary hospital services;

(v) Reasonable coverage of medically necessary emergency services;

and

(vi) Newborn child care from birth, as provided under [§ 438A of this article] § 15-401 OF THE INSURANCE ARTICLE.

(2) An insurer or nonprofit health service plan shall offer to the individual or group the following options for inpatient hospitalization coverage:

(i) The first 10 days of inpatient hospital and professional services coverage per year, whether for mental or physical illness; or

(ii) The first 10 days of inpatient hospital and professional services coverage per year, limited to physical illness only.

(3) Benefits under paragraph (1)(i) and (ii) of this subsection shall include coverage for outpatient surgical procedures provided in a hospital or a freestanding ambulatory surgical facility.

(4) Benefits under paragraph (1)(ii) of this subsection shall include:

(i) Coverage for the diagnosis and treatment of acute mental conditions on an outpatient basis; and

(ii) Preventive services.

(5) With the approval of the INSURANCE Commissioner a limited benefits policy may provide benefits in addition to those required under this subsection.

(d) (1) A limited benefits policy:

(i) Shall contain an exclusion for services that are not medically necessary or are not covered preventive health services; and

(ii) Subject to the approval of the INSURANCE Commissioner, may include other managed care provisions to control costs, including:

1. Utilization review by the insurer or nonprofit health service plan;

2. Second surgical opinions;