(II) 12 MONTHS AFTER THE DATE COVERAGE TERMINATES.

(3) AN ENTITY SUBJECT TO THIS SUBSECTION MAY AT ANY TIME REQUIRE THE INDIVIDUAL TO PROVIDE PROOF OF TOTAL DISABILITY.

(F) (1) THIS SUBSECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS ON AN EXPENSE–INCURRED BASIS UNDER INDIVIDUAL HEALTH INSURANCE POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER INDIVIDUAL CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) IF AN INDIVIDUAL HAS A CLAIM IN PROGRESS WHEN THE INDIVIDUAL'S COVERAGE TERMINATES, AN ENTITY SUBJECT TO THIS SUBSECTION SHALL CONTINUE TO PAY ~~BENEFITS~~ COVERED BENEFITS, IN ACCORDANCE WITH THE POLICY IN EFFECT AT THE TIME THE INDIVIDUAL'S COVERAGE TERMINATES, RELATED TO THE CLAIM UNTIL THE EARLIER OF:

(I) THE DATE THE INDIVIDUAL IS RELEASED FROM THE CARE OF A PHYSICIAN FOR THE CONDITION THAT IS THE BASIS OF THE CLAIM; OR

(II) 12 MONTHS AFTER THE DATE COVERAGE TERMINATES.

(G) (1) THIS SUBSECTION APPLIES TO:

(I) GROUP, BLANKET, AND INDIVIDUAL POLICIES THAT LIMIT COVERAGE TO HOSPITAL OR SURGICAL BENEFITS ON AN EXPENSE–INCURRED BASIS; AND

(II) GROUP, BLANKET, AND INDIVIDUAL HOSPITAL INDEMNITY POLICIES.

(2) IF AN INDIVIDUAL IS CONFINED IN A HOSPITAL ON THE DATE COVERAGE TERMINATES, A POLICY SUBJECT TO THIS SUBSECTION SHALL CONTINUE TO PAY ~~BENEFITS~~ COVERED BENEFITS, IN ACCORDANCE WITH THE POLICY IN EFFECT AT THE TIME THE INDIVIDUAL'S COVERAGE TERMINATES, FOR THE CONFINEMENT UNTIL THE EARLIER OF:

(I) THE DATE THE INDIVIDUAL IS DISCHARGED FROM THE HOSPITAL; OR

(II) 12 MONTHS AFTER THE DATE COVERAGE TERMINATES.

(H) (1) THIS SUBSECTION APPLIES TO INSURERS, NONPROFIT HEALTH SERVICE PLANS, AND HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE GROUP, BLANKET, OR INDIVIDUAL VISION BENEFITS.

(2) IF AN INDIVIDUAL HAS ORDERED GLASSES OR CONTACT LENSES BEFORE THE DATE COVERAGE TERMINATES, AN ENTITY SUBJECT TO THIS