Article - Health - General

19-706.

 $\underline{(NN)}$ THE PROVISIONS OF § 15–810 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

Article - Insurance

15-810.

- (a) This section applies to:
- (1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES THAT ARE ISSUED OR DELIVERED IN THE STATE; AND
- (2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.
- (1) Each individual hospital or major medical insurance policy of an insurer that:
 - (i) 1. is delivered or issued for delivery in the State; or
 - 2. covers individuals who reside and work in the State; and
 - (ii) is written on an expense incurred basis;
 - (2) each group or blanket health insurance policy of an insurer that:
 - (i) 1. is issued or delivered in the State: or
 - 2. covers individuals who reside and work in the State; and
 - (ii) is written on an expense incurred basis; and
- (3) each individual or group medical or major medical contract or certificate of a nonprofit health service plan that:
 - (i) is issued or delivered in the State; or
 - (ii) covers individuals who reside and work in the State-
- (b) (1) A policy, contract, or certificate AN ENTITY subject to this section that provides pregnancy-related benefits may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the policyholder, subscriber, or certificate holder, POLICYHOLDER OR SUBSCRIBER or dependent spouse of the policyholder, subscriber, or certificate holder POLICYHOLDER OR SUBSCRIBER.
 - (2) The benefits under this subsection shall be provided PROVIDED: