

(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 OR CONTRACTS 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.

(C) (1) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR HEARING AIDS FOR A MINOR CHILD WHO IS COVERED ~~THROUGH AN INSURED OR ENROLLED PARENT OF THE CHILD UNDER A POLICY OR CONTRACT~~ IF THE HEARING ~~AID IS~~ AIDS ARE PRESCRIBED, FITTED, AND DISPENSED BY A LICENSED AUDIOLOGIST ~~PURSUANT TO FEDERAL LAW.~~

(2) (I) AN ENTITY SUBJECT TO THIS SECTION ~~SHALL PROVIDE COVERAGE THAT INCLUDES PAYMENT FOR THE COST OF ONE HEARING AID FOR EACH HEARING IMPAIRED EAR IN AN AMOUNT OF NOT MORE THAN \$1,400 PER HEARING AID EVERY 36 MONTHS~~ MAY LIMIT THE BENEFIT PAYABLE UNDER PARAGRAPH (1) OF THIS SUBSECTION TO \$1,400 PER HEARING AID FOR EACH HEARING-IMPAIRED EAR EVERY 36 MONTHS.

(II) ~~AN ENTITY THAT PAYS THE DIFFERENCE IN COST ABOVE THE \$1,400 LIMIT SPECIFIED IN SUBPARAGRAPH (I) OF THIS PARAGRAPH SHALL PAY THE DIFFERENCE WITHOUT FINANCIAL OR CONTRACTUAL PENALTY TO THE INSURED OR THE PROVIDER OF THE HEARING AID~~ AN INSURED OR ENROLLED INDIVIDUAL MAY CHOOSE A HEARING AID THAT IS PRICED HIGHER THAN THE BENEFIT PAYABLE UNDER THIS SUBSECTION AND MAY PAY THE DIFFERENCE BETWEEN THE PRICE OF THE HEARING AID AND THE BENEFIT PAYABLE UNDER THIS SUBSECTION, WITHOUT FINANCIAL OR CONTRACTUAL PENALTY TO THE PROVIDER OF THE HEARING AID.

(D) THIS SECTION DOES NOT PROHIBIT AN ENTITY SUBJECT TO THIS SECTION FROM PROVIDING COVERAGES THAT ARE GREATER THAN OR MORE FAVORABLE TO A CHILD OF AN INSURED OR ENROLLEE THAN THE COVERAGE REQUIRED UNDER THIS SECTION.

~~(E) AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE NOTICE OF THIS BENEFIT IN ROUTINE COMMUNICATIONS TO ITS MEMBERS AND PROVIDERS.~~

### Article - Health - General

19-706.

(RR) THE REQUIREMENTS OF § 15-837 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after October 1, 2001. Any policy, contract, or health benefit plan in effect before October 1, 2001, shall comply with the provisions of this Act no later than October 1, 2002.