477Y.

(a) Except as otherwise provided in this section, the Insurance Commissioner in accordance with regulations issued by him, shall permit health insurance policies to contain nonduplication provisions or provisions to coordinate the coverage with other health insurance policies, including those of nonprofit health service plans, and those of commercial group, blanket, and individual policies, WITH SUBSCRIBER CONTRACTS ISSUED BY HEALTH MAINTENANCE ORGANIZATIONS, and with other established programs under which the insured may make a claim.

(b) Notwithstanding the provisions of subsection (a) of this section or any other provision of this article, a group or blanket health insurance policy may not contain nonduplication provisions or provisions to coordinate coverage with any individually underwritten and issued, guaranteed renewable, specified disease policy, as defined in § 468H of this article, or intensive care policy, which do not provide benefits on an expense–incurred basis.

(c) For the purposes of this section, "intensive care policy" means a health insurance policy that provides benefits only when treatment is received in that specifically designated facility of a hospital that provides the highest level of care and which is restricted to those patients who are physically, critically ill or injured.

Article – Health – General

19–713.1.

(A) A CONTRACT BETWEEN A HEALTH MAINTENANCE ORGANIZATION AND ITS SUBSCRIBERS OR A GROUP OF SUBSCRIBERS MAY CONTAIN NONDUPLICATION PROVISIONS OR PROVISIONS TO COORDINATE THE COVERAGE WITH SUBSCRIBER CONTRACTS OF OTHER HEALTH MAINTENANCE ORGANIZATIONS, HEALTH INSURANCE POLICIES, INCLUDING THOSE OF NONPROFIT HEALTH SERVICE PLANS, AND WITH OTHER ESTABLISHED PROGRAMS UNDER WHICH THE SUBSCRIBER OR MEMBER MAY MAKE A CLAIM.

(B) NOTWITHSTANDING THE PROVISIONS OF SUBSECTION (A) OF THIS SECTION, A CONTRACT BETWEEN A HEALTH MAINTENANCE ORGANIZATION AND ITS SUBSCRIBERS OR A GROUP OF SUBSCRIBERS MAY NOT CONTAIN NONDUPLICATION PROVISIONS OR PROVISIONS TO COORDINATE COVERAGE WITH ANY INDIVIDUALLY UNDERWRITTEN AND ISSUED, GUARANTEED RENEWABLE, SPECIFIED DISEASE POLICY, AS DEFINED IN ARTICLE 48A, § 468H OF THE CODE, OR INTENSIVE CARE POLICY, WHICH DOES NOT PROVIDE BENEFITS ON AN EXPENSE INCURRED BASIS.