

(II) 10 ~~PHYSICIAN OFFICE VISITS~~ OFFICE VISITS WITH A LICENSED HEALTH CARE PROVIDER PER INSURED PER YEAR FOR THE DIAGNOSIS AND TREATMENT OF ANY ILLNESS OR INJURY, INCLUDING REASONABLE COVERAGE OF MEDICALLY NECESSARY LABORATORY AND DIAGNOSTIC PROCEDURES AND OUTPATIENT SURGERY;

(III) REASONABLE COVERAGE OF PRENATAL CARE, INCLUDING:

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 AS THE PHYSICIAN DETERMINES THAT THE LICENSED HEALTH CARE PROVIDER DETERMINES ARE NECESSARY;

(IV) REASONABLE COVERAGE OF OBSTETRICAL CARE, INCLUDING PHYSICIAN'S SERVICES SERVICES BY A LICENSED HEALTH CARE PROVIDER, DELIVERY ROOM, POST PARTUM CARE, AND OTHER MEDICALLY NECESSARY HOSPITAL SERVICES; AND

(V) REASONABLE COVERAGE OF MEDICALLY NECESSARY HOSPITAL EMERGENCY ROOM CARE FOR LIFE OR LIMB THREATENING CONDITIONS EMERGENCY SERVICES; AND

(VI) NEWBORN CHILD CARE FROM BIRTH, AS PROVIDED UNDER § 438A OF THIS 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: