

[(9)] (10) "Insurer" means an insurer authorized to issue health insurance coverage under this article, including nonprofit health service plans.

[(10)] (11) "State Medicare Act" or "Act" means §§ 468B through 468GB, inclusive, of this subtitle, unless the context requires otherwise.

468C.

(a) (1) Unless it complies with the requirements of the State Medicare Act, a Medicare supplement policy may not be issued, delivered, or renewed in this State by an insurer.

(2) The provisions of §§ 468B through 468GB, inclusive, of this article apply to:

(i) All certificates issued under group Medicare supplement policies or subscriber contracts, which certificates have been delivered or issued for delivery in the State; and

(ii) All Medicare supplement policies and subscriber contracts delivered or issued for delivery in the State ~~on or after July 1, 1989.~~

(b) (1) In this section "low-dose mammography" means x-ray examination of the breast using dedicated equipment including x-ray tube, filter, compression device, screens, films, and cassettes specifically for mammography with average radiation exposure to deliver less than 1 rad mid-breast, 2 views per breast.

(2) A Medicare supplement policy shall provide at least the following minimum benefits:

(i) Coverage of Medicare Part A eligible expenses for the initial Medicare deductible for hospitalization in any Medicare benefit period;

(ii) To the extent not covered by Medicare, coverage of Medicare Part A eligible expenses for hospitalization from the 61st day through the 90th day in any Medicare benefit period;

(iii) To the extent not covered by Medicare, coverage of Medicare Part A eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

(iv) Upon exhaustion of all Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 90 percent of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

(v) Coverage for the coinsurance amount of Medicare eligible expenses under Medicare Part B regardless of hospital confinement;