

(2) "MAMMOGRAM" 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.

(3) "SCREENING MAMMOGRAM" MEANS A MAMMOGRAM THAT IS USED TO IDENTIFY BREAST CANCER IN ASYMPTOMATIC WOMEN.

(B) EACH GROUP OR BLANKET HEALTH INSURANCE POLICY WRITTEN ON AN EXPENSE INCURRED BASIS, ~~WHICH THAT IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE OR WHICH COVERS PERSONS WHO RESIDE AND WORK WITHIN THE STATE,~~ SHALL PROVIDE COVERAGE FOR:

(1) A BASELINE MAMMOGRAM FOR WOMEN AGE 35 TO 39;

(2) A MAMMOGRAM FOR WOMEN AGE 40 TO 49 EVERY 2 YEARS, OR MORE FREQUENTLY IF RECOMMENDED BY A PHYSICIAN; AND

(3) AN ANNUAL MAMMOGRAM FOR WOMEN AGE 50 AND OVER.

(C) (1) A GROUP OR BLANKET HEALTH INSURANCE POLICY IS NOT OBLIGATED TO PROVIDE COVERAGE OF MORE THAN \$100 FOR AN ANNUAL SCREENING MAMMOGRAM REQUIRED UNDER THIS SECTION.

(2) A GROUP OR BLANKET HEALTH INSURANCE POLICY IS NOT OBLIGATED TO COVER SCREENING MAMMOGRAMS PROVIDED BY A FACILITY THAT IS NOT ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY OR CERTIFIED OR LICENSED UNDER A PROGRAM ESTABLISHED BY THE STATE.

~~(D) (1) A GROUP OR BLANKET HEALTH INSURANCE POLICY MAY NOT IMPOSE A COPAYMENT, DEDUCTIBLE, COINSURANCE, OR DOLLAR LIMITATION ON THE COVERAGE REQUIRED UNDER THIS SECTION.~~

~~(2) NOTICE OF THE PROHIBITION ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE STATED IN A HEALTH INSURANCE POLICY IN A FORM APPROVED BY THE COMMISSIONER.~~

490M.

(G) BEGINNING JUNE 30, 1993, ANY NONPROFIT HEALTH SERVICE PLAN OR INSURER REQUIRED TO OFFER A MANDATED BENEFIT FOR SCREENING MAMMOGRAMS SHALL SUBMIT TO THE COMMISSIONER FOR FORWARDING TO THE COMMITTEE AND THE LEGISLATIVE POLICY COMMITTEE, THE FOLLOWING INFORMATION ON AN ANNUAL BASIS:

(1) THE AVERAGE CHARGE FOR A SCREENING MAMMOGRAM;