

(b) Every health insurer proposing to issue or deliver in this State a group or blanket hospital or major medical insurance policy shall offer the applicant group policyholder the option to provide benefits for treatment of drug abuse equal to at least the following coverage:

(1) In any 12-month benefit period, at least 21 days' inpatient treatment in a hospital or residential treatment facility that the Department of Health and Mental Hygiene has certified or licensed for that purpose; and

(2) Major medical coverage in an outpatient treatment program that the Department of Health and Mental Hygiene has certified or licensed for that purpose for at least 80 percent of the cost of care but not required to exceed \$1,000 in any 12-month period.

(c) For purposes of subsection (b) of this section, a proposed change in benefits under an existing policy is a proposal to issue a policy.

(d) For the purposes of this section "drug abuse" means an uncontrollable and excessive use of a drug or drug derivative.]

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(a) Any group contract that is issued on an expense incurred basis, including one issued by a nonprofit health service plan, shall provide at least the following minimum benefits for the treatment of alcoholism and drug abuse in any calendar or policy year:

(1) 7 days of emergency care or detoxification in an acute general hospital or a nonhospital detoxification facility licensed by the Department of Health and Mental Hygiene;

(2) 30 days care for the treatment of drug abuse, alcohol abuse, or alcoholism, in an alcohol and drug abuse facility licensed by the Department of Health and Mental Hygiene; and

(3) 30 outpatient visits at a certified alcoholism and drug abuse treatment facility. Unless greater benefits are provided by the contract, the benefits for outpatient visits during any calendar year or benefit period shall be equal to 100 percent of the cost of care or \$3,000, whichever is less.

(b) Any group major medical contract, policy or certificate, including one issued by a nonprofit health service plan, that provides benefits for both hospitalization and medical care shall provide benefits equal to at least half those required by subsection (a) of this section.

(c) Under subsection (a) of this section, the total number of days and visits combined may be limited to 120 during the covered person's lifetime. Unless greater benefits are provided by the contract, the benefits under subsection (b) of this section during any calendar year or benefit period shall be equal to 100 percent of the cost required to be paid under subsection (b) or \$3,000, whichever is less.