## Article 48A - Insurance Code

354KK.

- (A) EVERY NONPROFIT HEALTH SERVICE PLAN PROPOSING TO ISSUE OR DELIVER A HEALTH INSURANCE POLICY OR CONTRACT OR ADMINISTER A HEALTH BENEFIT PROGRAM THAT PROVIDES HOSPITAL, MEDICAL, OR SURGICAL BENEFITS ON AN EXPENSE INCURRED BASIS SHALL PROVIDE A TO AN INSURED INDIVIDUAL, WHO HAS FILED A CLAIM DESCRIBED UNDER SUBSECTION (B) OF THIS SECTION, AN ANNUAL SUMMARY EXPLANATION OF BENEFITS TO AN INSURED INDIVIDUAL WITHIN 3 MONTHS AFTER:
  - (1) A COVERED INPATIENT HOSPITALIZATION; OR
- (2) A COVERED OUTPATIENT SURGICAL PROCEDURE THAT COVERS THE PRECEDING 12-MONTH PERIOD.
- (B) THE SUMMARY EXPLANATION OF BENEFITS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL PROVIDE A SUMMARY OF:
- (1) ALL CLAIMS FILED BY HEALTH CARE PROVIDERS FOR SERVICES RENDERED TO THE INSURED INDIVIDUAL OR COVERED DEPENDENT OF THE INSURED INDIVIDUAL DURING AN INPATIENT HOSPITALIZATION OR AN OUTPATIENT SURGICAL PROCEDURE;
- (2) THE AMOUNT PAID BY THE NONPROFIT HEALTH SERVICE PLAN FOR EACH CLAIM FILED: AND
- (3) THE BALANCE OWED BY THE INSURED INDIVIDUAL FOR EACH CLAIM FILED.

470AA.

- (A) EVERY INSURER PROPOSING TO ISSUE OR DELIVER A HEALTH INSURANCE POLICY OR CONTRACT OR ADMINISTER A HEALTH BENEFIT PROGRAM THAT PROVIDES HOSPITAL, MEDICAL, OR SURGICAL BENEFITS ON AN EXPENSE INCURRED BASIS SHALL PROVIDE A TO AN INSURED INDIVIDUAL, WHO HAS FILED A CLAIM DESCRIBED UNDER SUBSECTION (B) OF THIS SECTION, AN ANNUAL SUMMARY EXPLANATION OF BENEFITS TO AN INSURED INDIVIDUAL WITHIN 3 MONTHS AFTER:
  - (1) A COVERED INPATIENT HOSPITALIZATION; OR
- (2) A COVERED OUTPATIENT SURGICAL PROCEDURE THAT COVERS THE PRECEDING 12-MONTH PERIOD.
- (B) THE SUMMARY EXPLANATION OF BENEFITS REQUIRED UNDER SUBSECTION (A) OF THIS SECTION SHALL PROVIDE A SUMMARY OF: