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§15–135.

(a) (1) In this section, "annual preventive care" means an annual preventive visit, screening, or examination that is a covered benefit under a policy or contract issued or delivered by an entity subject to this section.

(2) "Annual preventive care" includes, if the service is a covered benefit:

(i) an annual child wellness visit;

(ii) a routine gynecological visit;

(iii) a screening test or examination for colorectal cancer, chlamydia, human papillomavirus, prostate cancer, or breast cancer; and

(iv) an annual vision visit that includes a vision examination.

(b) This section applies to:

(1) insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense–incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State.

(c) An entity subject to this section that provides covered benefits for annual preventive care shall provide coverage for the annual preventive care if:

(1) the annual preventive care is provided no more than once at any time during the plan year established in the policy or contract; and

(2) any other requirements for coverage of the annual preventive care are met.

(d) This section may not be construed to require coverage for a service not otherwise required by law.

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