

## Article - Insurance

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§15–826.

(a) This section applies to:

(1) insurers and nonprofit health service plans that provide coverage for prescription drugs under health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide coverage for prescription drugs under contracts that are issued or delivered in the State.

(b) An entity subject to this section:

(1) shall provide coverage for any contraceptive drug or device that is approved by the United States Food and Drug Administration for use as a contraceptive and that is obtained under a prescription written by an authorized prescriber as defined in § 12-101 of the Health Occupations Article;

(2) shall provide coverage for the insertion or removal, and any medically necessary examination associated with the use, of such contraceptive drug or device; and

(3) may not impose a different copayment or coinsurance for a contraceptive drug or device than is imposed for any other prescription.

(c) (1) A religious organization may request and an entity subject to this section shall grant the request for an exclusion from coverage under the policy, plan, or contract for the coverage required under subsection (b) of this section if the required coverage conflicts with the religious organization's bona fide religious beliefs and practices.

(2) A religious organization that obtains an exclusion under paragraph (1) of this subsection shall provide its employees reasonable and timely notice of the exclusion.

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