

Article - Insurance

[Previous][Next]

§2–112.2.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Carrier” means a person that offers a health benefit plan and is:
- (i) an authorized insurer that provides health insurance in the State;
 - (ii) a nonprofit health service plan;
 - (iii) a health maintenance organization;
 - (iv) a dental plan organization; or
 - (v) except for a managed care organization as defined in Title 15, Subtitle 1 of the Health - General Article, any other person that provides health benefit plans subject to regulation by the State.
- (3) (i) “Health benefit plan” means:
- 1. a hospital or medical policy, contract, or certificate, including those issued under multiple employer trusts or associations;
 - 2. a hospital or medical policy, contract, or certificate issued by a nonprofit health service plan;
 - 3. a health maintenance organization contract; or
 - 4. a dental plan.
- (ii) “Health benefit plan” does not include one or more, or any combination of the following:
- 1. long-term care insurance;
 - 2. disability insurance;
 - 3. accidental travel and accidental death and dismemberment insurance;
 - 4. credit health insurance;
 - 5. any insurance, medical policy, or certificate for which payment of benefits is conditioned on a determination of medical necessity made solely by the treating health care provider not acting on behalf of the carrier;

6. any other insurance, medical policy, or certificate for which payment of benefits is not conditioned on a determination of medical necessity; or

7. a health benefit plan issued by a managed care organization, as defined in Title 15, Subtitle 1 of the Health - General Article.

(4) (i) “Premium” has the meaning stated in § 1-101 of this article to the extent it is allocable to health insurance policies or contracts issued or delivered in this State.

(ii) “Premium” includes any amounts paid to a health maintenance organization as compensation for providing to members and subscribers the services specified in Title 19, Subtitle 7 of the Health - General Article to the extent the amounts are allocable to this State.

(b) The Commissioner shall:

(1) collect a health care regulatory assessment from each carrier for the costs attributable to the implementation of § 2-303.1 of this title and Title 15, Subtitles 10A, 10B, and 10C of this article; and

(2) deposit the amounts collected under paragraph (1) of this subsection into the Health Care Regulatory Fund established in § 2-112.3 of this subtitle.

(c) The health care regulatory assessment that is payable by each carrier shall be calculated by taking the total costs under subsection (b)(1) of this section multiplied by the percentage of gross direct health insurance premiums written in the State attributable to that carrier in the prior calendar year.

[Previous][Next]