Article - Insurance

[Previous][Next]

§11–601.

(a) In this subtitle the following words have the meanings indicated.

(b) "Carrier" means a person that:

(1) offers a health benefit plan in the State; and

(2) is:

(i) an insurer;

(ii) a nonprofit health service plan; or

(iii) a health maintenance organization.

(c) "Contract holder" means a person to which a carrier has issued a health benefit plan.

(d) (1) "Health benefit plan" means:

(i) a health insurance contract, a nonprofit health service plan contract, or a health maintenance organization contract that includes benefits for medical care; or

(ii) a certificate of health insurance issued or delivered to a Maryland resident under a contract issued to an association located in the State or any other state.

(2) "Health benefit plan" does not include:

(i) one or more, or any combination of the following:

1. coverage only for accident or disability income insurance;

2. coverage issued as a supplement to liability insurance;

3. liability insurance, including general liability insurance and automobile liability insurance;

4. workers' compensation or similar insurance;

5. automobile medical payment insurance;

6. credit–only insurance;

7. coverage for on–site medical clinics; and

8. other similar insurance coverage, as specified in federal regulations issued pursuant to P.L. 104–191, under which benefits for medical care are secondary or incidental to other insurance benefits;

(ii) the following benefits if they are provided under a separate policy, certificate, or contract of insurance or are otherwise not an integral part of a health benefit plan:

1. limited scope dental or vision benefits;

2. benefits for long–term care, nursing home care, home health care, community–based care, or any combination of these benefits; and

3. other similar limited benefits as specified in federal regulations issued pursuant to P.L. 104–191;

(iii) the following benefits if offered as independent, noncoordinated benefits:

1. coverage only for a specified disease or illness; and

2. hospital indemnity or other fixed indemnity insurance; or

(iv) the following benefits if offered as a separate policy, certificate, or contract of insurance:

1. Medicare supplemental health insurance, as defined in § 1882(g)(1) of the Social Security Act;

2. coverage supplemental to the coverage provided under Chapter 55 of Title 10, United States Code; and

3. similar supplemental coverage provided to coverage under an employer sponsored plan.

(e) "Medical care" means:

(1) items or services for the diagnosis, cure, mitigation, treatment, or prevention of a disease, injury, or condition affecting any structure or function of the body; and

(2) transportation primarily for and essential to medical care described in item (1) of this subsection.

[Previous][Next]