

Article - Insurance

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§15-104.

(a) (1) In this section the following words have the meanings indicated.

(2) “Intensive care policy” means a health insurance policy that provides benefits only for treatment received in the specifically designated facility of a hospital that provides the highest level of care and is restricted to patients who are physically and critically ill or injured.

(3) “Specified disease policy” has the meaning stated in § 15-109 of this subtitle.

(b) In accordance with regulations that the Commissioner adopts, the Commissioner shall allow health insurance policies and policies of nonprofit health service plans to contain nonduplication provisions or provisions to coordinate coverage with:

(1) other health insurance policies, including commercial individual, group, and blanket policies and policies of nonprofit health service plans;

(2) subscriber contracts that are issued by health maintenance organizations; and

(3) other established programs under which the insured may make a claim.

(c) Notwithstanding subsection (b) of this section or any other provision of this article, an individual, group, or blanket health insurance policy, nonprofit health insurance policy, or nonprofit health service plan may not contain a nonduplication provision or provision to coordinate coverage with an individually underwritten and issued, guaranteed renewable, specified disease policy or intensive care policy, that does not provide benefits on an expense-incurred basis.

(d) Health insurance policies and policies of nonprofit health service plans may not contain a provision that requires personal injury protection benefits under a motor vehicle liability insurance policy to be paid before benefits under the policies.

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