

Article - Insurance

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§15–418.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Carrier” means:
- (i) an insurer;
 - (ii) a nonprofit health service plan; or
 - (iii) a health maintenance organization.
- (3) “Child dependent” means an individual who:
- (i) is:
 - 1. the grandchild of the insured; or
 - 2. a child who is entitled to dependent coverage under § 15–403.1 of this subtitle;
 - (ii) is unmarried; and
 - (iii) is under the age of 25 years.
- (b) (1) This section applies to:
- (i) each policy of individual or group health insurance that is issued in the State;
 - (ii) each contract that is issued in the State by a nonprofit health service plan; and
 - (iii) each contract that is issued in the State by a health maintenance organization.
- (2) Notwithstanding paragraph (1) of this subsection, this section does not apply to:
- (i) a contract covering one or more, or any combination of the following:
 - 1. coverage only for loss caused by an accident;
 - 2. disability coverage;

3. credit-only insurance; or
 4. long-term care coverage; or
- (ii) the following benefits if they are provided under a separate contract:
1. dental coverage;
 2. vision coverage;
 3. Medicare supplement insurance;
 4. coverage limited to benefits for a specified disease or diseases;
 5. travel accident or sickness coverage; and
 6. fixed indemnity limited benefit insurance that does not provide benefits on an expense incurred basis.

(c) Each policy or contract subject to this section that provides coverage for dependents shall:

- (1) include coverage for a child dependent;
- (2) provide the same health insurance benefits to a child dependent that are available to any other covered dependent; and
- (3) provide health insurance benefits to a child dependent at the same rate or premium applicable to any other covered dependent.

(d) This section does not limit or alter any right to dependent coverage or to the continuation of coverage that is otherwise provided for in this article.

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