

SENATE BILL 181

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By: **Senator Brochin**

Introduced and read first time: January 20, 2010

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Child Dependents – Qualifying Age Limit**

3 FOR the purpose of increasing the age limit for an individual to be considered a child
4 dependent under certain policies of individual or group health insurance,
5 certain contracts issued by a nonprofit health service plan, and certain contracts
6 issued by a health maintenance organization; altering a certain definition;
7 providing for the application of this Act; and generally relating to requirements
8 for child dependents for purposes of health insurance.

9 BY repealing and reenacting, with amendments,
10 Article – Insurance
11 Section 15–418
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2009 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article – Insurance**

17 15–418.

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

19 (2) “Carrier” means:

20 (i) an insurer;

21 (ii) a nonprofit health service plan; or

22 (iii) a health maintenance organization.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



- 1 (3) “Child dependent” means an individual who:
- 2 (i) is:
- 3 1. the natural child, stepchild, adopted child, or
4 grandchild of the insured;
- 5 2. a child placed with the insured for legal adoption; or
- 6 3. a child who is entitled to dependent coverage under §
7 15–403.1 of this subtitle;
- 8 (ii) is a dependent of the insured as that term is used in 26
9 U.S.C. §§ 104, 105, and 106, and any regulations adopted under those sections;
- 10 (iii) is unmarried; and
- 11 (iv) is under the age of **[25] 30** years.
- 12 (b) (1) This section applies to:
- 13 (i) each policy of individual or group health insurance that is
14 issued in the State;
- 15 (ii) each contract that is issued in the State by a nonprofit
16 health service plan; and
- 17 (iii) each contract that is issued in the State by a health
18 maintenance organization.
- 19 (2) Notwithstanding paragraph (1) of this subsection, this section
20 does not apply to:
- 21 (i) a contract covering one or more, or any combination of the
22 following:
- 23 1. coverage only for loss caused by an accident;
- 24 2. disability coverage;
- 25 3. credit–only insurance; or
- 26 4. long–term care coverage; or
- 27 (ii) the following benefits if they are provided under a separate
28 contract:

- 1 1. dental coverage;
- 2 2. vision coverage;
- 3 3. Medicare supplement insurance;
- 4 4. coverage limited to benefits for a specified disease or
5 diseases;
- 6 5. travel accident or sickness coverage; and
- 7 6. fixed indemnity limited benefit insurance that does
8 not provide benefits on an expense incurred basis.

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

11 (1) include coverage for a child dependent;

12 (2) provide the same health insurance benefits to a child dependent
13 that are available to any other covered dependent; and

14 (3) provide health insurance benefits to a child dependent at the same
15 rate or premium applicable to any other covered dependent.

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

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
19 policies, contracts, and health benefit plans issued, delivered, or renewed in the State
20 on or after October 1, 2010.

21 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
22 October 1, 2010.