

§2319. Newborn children coverage

All individual and group nonprofit hospital and medical service organization contracts and certificates must provide that benefits are payable with respect to a newly born child from the moment of birth. [PL 2003, c. 517, Pt. A, §1 (AMD); PL 2003, c. 517, Pt. A, §13 (AFF).]

The coverage for newly born children must consist of coverage of injury, sickness or other benefits provided by the contract, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. [PL 1997, c. 604, Pt. C, §1 (AMD).]

If payment of a specific subscription fee is required to provide coverage for a child, the contract may require that notification of birth of a newly born child and payment of the required fees must be furnished to the nonprofit hospital or medical service organization within 31 days after the date of birth in order to have the coverage continue beyond that 31-day period. The payment may be required to be retroactive to the date of birth. Benefits required by section 2318-A must be paid regardless of whether coverage under this section is elected. [PL 1997, c. 604, Pt. C, §1 (AMD).]

The requirements of this section apply to all subscriber contracts delivered or issued for delivery in this State more than 120 days after the effective date of this Act. [PL 1997, c. 604, Pt. C, §1 (AMD).]

SECTION HISTORY

PL 1975, c. 770, §101 (NEW). PL 1995, c. 332, §N1 (AMD). PL 1997, c. 604, §C1 (AMD). PL 2003, c. 517, §A1 (AMD). PL 2003, c. 517, §A13 (AFF).

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