

§2834. Newborn children coverage

All group and blanket health insurance policies and certificates providing coverage on an expense-incurred basis must provide that health insurance benefits are payable for a newly born child of the insured or subscriber from the moment of birth. An adopted child is deemed to be newly born to the adoptive parents from the date of the signed placement agreement. Preexisting conditions of an adopted child may not be excluded from coverage. [PL 2003, c. 517, Pt. A, §5 (AMD); PL 2003, c. 517, Pt. A, §13 (AFF).]

The coverage for newly born children must consist of coverage of injury or sickness or other benefits provided by the policy, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. [PL 1997, c. 604, Pt. C, §3 (AMD).]

If payment of a specific premium or subscription fee is required to provide coverage for a child, the policy or contract may require that notification of birth of a newly born child and payment of the required premium or fees must be furnished to the insurer or nonprofit service or indemnity corporation 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 2834-A must be paid regardless of whether coverage under this section is elected. [PL 1997, c. 604, Pt. C, §3 (AMD).]

The requirements of this section apply to all policies and certificates delivered or issued for delivery in this State. [PL 2003, c. 517, Pt. A, §6 (AMD); PL 2003, c. 517, Pt. A, §13 (AFF).]

SECTION HISTORY

PL 1975, c. 770, §108 (NEW). PL 1993, c. 686, §12 (AMD). PL 1993, c. 686, §13 (AFF). PL 1995, c. 332, §N3 (AMD). PL 1997, c. 604, §C3 (AMD). PL 2003, c. 517, §§A5,6 (AMD). PL 2003, c. 517, §A13 (AFF).

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