

62A.15 ACCIDENT AND HEALTH INSURANCE

state, which are issued or renewed after August 1, 1973 by accident and health insurance companies regulated under chapter 62A, and nonprofit health service plan corporations regulated under chapter 62C.

Subd. 2. Chiropractic services. All benefits provided by any policy or contract referred to in subdivision 1, relating to expenses incurred for medical treatment or services of a physician shall also include chiropractic treatment and services of a chiropractor to the extent that the chiropractic services and treatment are within the scope of chiropractic licensure.

[1973 c 252 s 1]

CHAPTER 62C. NONPROFIT HEALTH SERVICE PLAN CORPORATIONS ACT

Sec.

62C.14 Subscriber contracts.

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[For text of subds. 1 to 5, see M.S.1971]

Subd. 5a. Any group subscriber's contract delivered or issued for delivery or renewed in this state after August 1, 1973 shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. Each group subscriber's contract shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage. Any group contracting for a group subscriber's contract may request that the coverage required by this section be omitted.

An individual subscriber's contract delivered or issued for delivery in this state shall provide the same coverage for maternity benefits to unmarried women and minor female dependents as that provided for married women. Each subscriber's individual contract shall also provide the same coverage for the child of an unmarried mother as that provided for the child of an employee choosing dependent family coverage.

[1973 c 494 s 5; 1973 c 651 s 2]

Subd. 5b. The provisions of subdivision 5a shall apply to all health maintenance organizations regulated under any health maintenance organization enabling act enacted in 1973.

[1973 c 651 s 3]

[For text of subds. 6 to 13, see M.S.1971]

Subd. 14. No subscriber's individual contract or any group contract which provides for coverage of family members or other dependents of a subscriber or of an employee or other group member of a group subscriber, shall be renewed, delivered, or issued for delivery in this state unless such contract includes as covered family members or dependents any newborn infants immediately from the moment of birth and thereafter which insurance shall provide coverage for illness, injury, congenital malformation or premature birth.

[1973 c 303 s 3]

(NOTE: For effective date of this subdivision see Laws 1973, Chapter 303, Section 4.)