

26 after which the coverage provided by the policy is not effective, and if that date falls within a
27 period for which a premium is accepted by the insurer or if the insurer accepts a premium after that
28 date, the coverage provided by the policy continues in force, subject to any right of cancellation,
29 until the end of the period for which the premium was accepted. This Subsection (3) does not
30 apply if the acceptance of premium would not have occurred but for a misstatement of age by the
31 insured.

32 (4) Any provision dealing with preexisting conditions shall be consistent with Subsections
33 31A-22-605(9)(a) and 31A-22-609(2), and any applicable rule adopted by the commissioner.

34 (5) (a) If an insured is otherwise eligible for maternity benefits, a policy may not contain
35 language which requires an insured to obtain any additional preauthorization or preapproval for
36 customary and reasonable maternity care expenses or for the delivery of the child after an initial
37 preauthorization or preapproval has been obtained from the insurer for prenatal care. A
38 requirement for notice of admission for delivery is not a requirement for preauthorization or
39 preapproval, however, the maternity benefit may not be denied or diminished for failure to provide
40 admission notice. The policy may not require the provision of admission notice by only the
41 insured patient.

42 (b) This Subsection (5) does not prohibit an insurer from:

43 (i) requiring a referral before maternity care can be obtained;

44 (ii) specifying a group of providers or a particular location from which an insured is
45 required to obtain maternity care; or

46 (iii) limiting reimbursement for maternity expenses and benefits in accordance with the
47 terms and conditions of the insurance contract so long as such terms do not conflict with
48 Subsection (5)(a).

49 (6) An insurer may only represent that a policy:

50 (a) offers a vision benefit if the policy:

51 (i) charges a premium for the benefit; and

52 (ii) provides reimbursement for materials or services provided under the policy; and

53 (b) covers laser vision correction, whether photorefractive keratectomy, laser assisted
54 in-situ keratomeluzis, or related procedure, if the policy:

55 (i) charges a premium for the benefit; and

56 (ii) the procedure is at least a partially covered benefit.

57 (7) (a) Except as provided in Subsection (7)(b), a health insurance policy or health
58 maintenance organization contract that provides coverage for outpatient prescription drugs shall
59 cover to the same extent and subject to the same policy or contract terms:

60 (i) contraceptive articles; and

61 (ii) outpatient services for contraceptive articles.

62 (b) A religious organization may, at its option, request that the coverage required by
63 Subsection (7)(a) be excluded from a policy or contract purchased by or otherwise offered through
64 the organization for the benefit of the organization's employees.

65 (c) As used in this Subsection (7):

66 (i) "Contraceptive article" means:

67 (A) any prescription drug, medicine, mixture, preparation, instrument, article, or device
68 of any nature that is:

69 (I) approved by the federal Food and Drug Administration to prevent a pregnancy; and

70 (II) prescribed by a licensed health care provider for use to prevent a pregnancy; or

71 (B) any hormonal compound that is taken orally and that is approved by the federal Food
72 and Drug Administration for use to prevent a pregnancy.

73 (ii) "Contraceptive article" does not include any drug, medicine, mixture, preparation,
74 instrument, article, or device of any nature that is prescribed by a licensed health care professional
75 for use in terminating a pregnancy.

76 Section 2. **Effective date.**

77 This act takes effect on July 1, 2001.