.03 Definitions.
A. (text unchanged)
B. Terms Defined.
(1) – (10) (text unchanged)
(11) “Copayment” means a specified charge that a covered person shall pay each time services of a particular type or in a designated setting are received.
(12) “COVID-19” means, interchangeably and collectively, the coronavirus known as COVID-19 or 2019-nCoV and the SARS-CoV-2 virus.
(13) “Deductible” means the amount of allowable charges that shall be incurred by an individual or family per year before a carrier begins payment.

.06 Life and Health.
A. The bulletin issued by the Commissioner under Regulation .05 of this chapter may require health carriers to:
(1) – (4) (text unchanged)
(5) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance and deductibles, for any visit to diagnose or test for COVID-19 regardless of the setting of the testing (for example emergency rooms, urgent care centers, and a primary physician’s office);
(6) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance, and deductibles, for laboratory fees to diagnose or test for COVID-19; and
(7) Except as provided in §§ J and K of this regulation, waive any cost-sharing, including co-payments, coinsurance and deductibles, for vaccination for COVID-19.
B. – E. (text unchanged)
F. The Commissioner may require a health carrier to make a claims payment for treatment for COVID-19 that the health carrier has denied as experimental.
G. A health carrier shall evaluate a request to use an out of network provider to perform diagnostic testing of COVID-19 solely on the basis of whether the use of the out of network provider is medically necessary or appropriate.
H. The only prior authorization requirements a health carrier may utilize relating to testing for COVID-19 shall relate to the medical necessity of that testing.
I. An adverse decision on a request for coverage of diagnostic services for COVID-19 shall be considered an emergency case for which an expedited grievance procedure is required under Insurance Article, §15-10A-02, Annotated Code of Maryland.
J. The requirements of §§ A(5), (6), and (7) of this regulation do not apply to a Medicare supplement policy as defined by Insurance Article, §15-901(k), Annotated Code of Maryland.
K. A carrier is not required to waive the deductible for an insured covered under a high deductible health plan, as defined in 26 U.S.C. § 223, if the waiver of the deductible would disqualify the plan from being considered a high deductible health plan under federal law.