

\$1,000 for failure to comply with this section.]

SUBTITLE 49. PREFERRED PROVIDER ORGANIZATIONS

650.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "INSURED" MEANS A PARTICIPANT IN, SUBSCRIBER TO, OR BENEFICIARY OF A PREFERRED PROVIDER INSURANCE POLICY OFFERED OR ADMINISTERED BY AN INSURER.

(C) ~~(1)~~ "INSURER" MEANS ANY FOR PROFIT, NONPROFIT, OR MUTUAL INSURER OR HEALTH SERVICE PLAN THAT ISSUES OR DELIVERS IN THIS STATE ANY POLICY OF HEALTH INSURANCE, WHETHER ON A GROUP OR INDIVIDUAL BASIS, UNDER SUBTITLES 20, 25, OR 26 OF THIS ARTICLE.

~~(2) "INSURER" DOES NOT INCLUDE CAPITATED DENTAL PLANS.~~

(D) "NONPREFERRED PROVIDER" MEANS A PROVIDER ELIGIBLE FOR PAYMENT UNDER A PREFERRED PROVIDER INSURANCE POLICY, WHO IS NOT A CONTRACTEE UNDER THE PROVISIONS OF THE APPLICABLE PROVIDER SERVICE CONTRACT.

(E) "PREFERENTIAL BASIS" MEANS THAT THE INSURED OR THE SUBSCRIBER UNDER A PREFERRED PROVIDER INSURANCE POLICY IS ENTITLED TO RECEIVE HEALTH CARE SERVICES FROM PREFERRED PROVIDERS AT NO COST, AT A REDUCED FEE, OR UNDER MORE FAVORABLE TERMS THAN WOULD BE THE CASE IF THE INSURED OR THE SUBSCRIBER RECEIVED SIMILAR SERVICES FROM A NONPREFERRED PROVIDER.

(F) "PREFERRED PROVIDER" MEANS A PROVIDER THAT HAS ENTERED INTO A PROVIDER SERVICE CONTRACT WITH:

(1) AN INSURER; OR

(2) AN EMPLOYER, ADMINISTRATOR, OR OTHER ENTITY OFFERING A PREFERRED PROVIDER INSURANCE POLICY TO A SUBSCRIBER.

(G) "PREFERRED PROVIDER INSURANCE POLICY" MEANS ANY:

(1) INSURANCE POLICY OR INSURANCE CONTRACT ISSUED OR DELIVERED IN THIS STATE BY AN INSURER THAT SPECIFIES THAT HEALTH SERVICES COVERED UNDER THE POLICY OR CONTRACT ARE TO BE PROVIDED TO THE INSURED BY A PREFERRED PROVIDER ON A PREFERENTIAL BASIS; OR