

(2) OTHER CONTRACT OFFERED BY AN EMPLOYER, ADMINISTRATOR, OR OTHER ENTITY THAT SPECIFIES THAT HEALTH SERVICES COVERED UNDER THE CONTRACT ARE TO BE PROVIDED TO THE SUBSCRIBER BY A PREFERRED PROVIDER ON A PREFERENTIAL BASIS.

(H) "PROVIDER" MEANS ANY PERSON, INCLUDING A PHYSICIAN OR HOSPITAL, WHO IS LICENSED OR OTHERWISE AUTHORIZED TO PROVIDE HEALTH CARE SERVICES, WITHIN THE SCOPE OF THE LICENSE OR AUTHORIZATION.

(I) "PROVIDER SERVICE CONTRACT" MEANS A CONTRACT ENTERED INTO BY A PROVIDER WITH AN INSURER, OR WITH AN EMPLOYER, AN ADMINISTRATOR, OR OTHER ENTITY, UNDER WHICH THE PROVIDER UNDERTAKES TO PROVIDE HEALTH CARE SERVICES ON A PREFERENTIAL BASIS TO INSUREDS OR SUBSCRIBERS UNDER SPECIFIC PREFERRED PROVIDER INSURANCE POLICIES.

(J) "SUBSCRIBER" MEANS ANY PARTICIPANT IN, SUBSCRIBER TO, OR BENEFICIARY OF A PREFERRED PROVIDER INSURANCE POLICY ISSUED BY SOMEONE OTHER THAN AN INSURER.

(K) "UNFAIR DISCRIMINATION" MEANS:

(1) ANY ACT, METHOD OF COMPETITION, OR PRACTICE ENGAGED IN BY A NONPROFIT HEALTH SERVICE PLAN, WHICH IS PROHIBITED BY §§ 217 THROUGH 234, INCLUSIVE, OF THIS ARTICLE; OR

(2) ANY ACT, METHOD OF COMPETITION, OR PRACTICE NOT SPECIFIED IN §§ 217 THROUGH 234, INCLUSIVE, OF THIS ARTICLE THAT THE COMMISSIONER BELIEVES IS UNFAIR OR DECEPTIVE AND WHICH RESULTS IN THE INSTITUTION OF AN ACTION BY THE COMMISSIONER UNDER § 216 OF THIS ARTICLE.

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SUBJECT TO THE APPROVAL OF THE COMMISSIONER, AN INSURER MAY:

(1) OFFER OR ADMINISTER A HEALTH BENEFIT PROGRAM UNDER WHICH THE INSURER MAY OFFER PREFERRED PROVIDER INSURANCE POLICIES THAT LIMIT, THROUGH THE USE OF PROVIDER SERVICE CONTRACTS, THE NUMBERS AND TYPES OF PROVIDERS OF HEALTH CARE SERVICES ELIGIBLE FOR PAYMENT AS PREFERRED PROVIDERS; AND

(2) ESTABLISH TERMS AND CONDITIONS THAT SHALL BE MET BY A PROVIDER TO QUALIFY FOR PAYMENT AS A PREFERRED PROVIDER.