

qualify for payment as a preferred provider under the insurance policies or insurance contracts.

(3) If a preferred provider policy or preferred provider contract provides for reimbursement for any service that is within the lawful scope of practice of a health care provider licensed under the Health Occupations Article, any participant, beneficiary, or other person covered by the insurance policy or insurance contract shall be entitled to reimbursement for that service.

(4) ~~(i)~~ Preferred provider policies or preferred provider contracts offered under this section shall provide for payment of services rendered by nonpreferred providers. Unless the nonprofit health service plan demonstrates to the satisfaction of the Insurance Commissioner that an alternative level of payment is more appropriate under the circumstances, any payment AGGREGATE PAYMENTS IN ANY FULL CALENDAR YEAR made under this paragraph TO NONPREFERRED PROVIDERS AFTER ALL DEDUCTIBLE AND COPAYMENT PROVISIONS HAVE BEEN APPLIED may not ON THE AVERAGE be less than 80% of the amount that would have been paid AGGREGATE PAYMENTS IN THAT FULL CALENDAR YEAR to preferred providers for similar services in the same geographic area PURSUANT TO THE PREFERRED PROVIDERS' AGREEMENTS TO PROVIDE THE SERVICES.

~~(ii) -- ALL COPAYMENT -- AND -- DEDUCTIBLE -- PROVISIONS CONTAINED -- IN -- PREFERRED -- PROVIDER -- POLICIES -- OR -- PREFERRED -- PROVIDER CONTRACTS -- OFFERED -- UNDER -- THIS -- SECTION -- WHICH -- ARE -- APPLICABLE -- TO CLAIMS -- FOR -- PAYMENT -- FOR -- SERVICES -- RENDERED -- BY -- NONPREFERRED PROVIDERS -- SHALL -- BE -- THE -- SAME -- AS -- THE -- COPAYMENT -- AND -- DEDUCTIBLE PROVISIONS -- APPLICABLE -- TO -- CLAIMS -- FOR -- PAYMENT -- FOR -- SIMILAR -- SERVICES RENDERED -- BY -- PREFERRED -- PROVIDERS.~~

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(b) (1) Subject to the approval of the Commissioner, an insurer, including any nonprofit health service plan specified under Subtitle 20 of this article, may offer or administer a health benefit program under which the insurer may offer preferred provider policies or preferred provider contracts that limit the numbers and types of providers of health care services eligible for payment as preferred providers under the insurance policies or insurance contracts.

(2) An insurer may establish terms and conditions that shall be met by a provider in order to qualify for payment as a preferred provider under the insurance policies or insurance contracts.

(3) If a preferred provider policy or preferred provider contract provides for reimbursement for any service that is within the lawful scope of practice of a health care provider licensed under the Health Occupations Article, any participant, beneficiary, or other person covered by the insurance policy or