X-ray, emergency, and preventive services, out-of-area coverage, and any other health care services that the Commissioner determines to be available generally on an insured or prepaid basis in the area serviced by the health maintenance organization, and, at the option of the health maintenance organization, may provide additional coverage;

- (3) Except for any copayment or deductible arrangement, is compensated only on a predetermined periodic rate basis for providing to members the minimum services that are specified in item (2) of this subsection;
- (4) Assures its subscribers and members, the Commissioner, and the Department that one clearly specified legal and administrative focal point or element of the health maintenance organization has the responsibility of providing the availability, accessibility, quality, and effective use of comprehensive health care services; and
 - (5) Primarily provides services of physicians:
- (i) Directly through physicians who are either employees or partners of the health maintenance organization; or
- (ii) Under arrangements with one or more groups of physicians, who are organized on a group practice or individual practice basis, under which each group:
- l. Is compensated for its services primarily on the basis of an aggregate fixed sum or on a per capita basis; and
- 2. Is provided with an effective incentive to avoid unnecessary inpatient use, whether the individual physician members of the group are paid on a fee-for-service or other basis.

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- (d) (1) The health maintenance organization shall be actuarially sound.
- (2) (i) Except as otherwise provided in this paragraph, the stock--or surplus that the health maintenance organization is required to have shall be paid in full.
- (ii) The health maintenance organization shall have stock-or \underline{A} surplus that exceeds the liabilities of the health maintenance organization [by either] IN AN AMOUNT THAT IS \underline{AT} LEAST EQUAL TO THE GREATER OF [\$100,000] \$250,000 or 5 percent of the subscription charges earned during the prior calendar year as recorded in the annual report filed by the health maintenance organization with the Commissioner.