

may not on the average be less than 80 percent of the aggregate payments in that full calendar year to preferred providers for similar services in the same geographic area pursuant to the providers' agreements to provide the services under their provider service agreements.

~~(4) FOR THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN ESTABLISHED UNDER THE PROVISIONS OF § 700 OF THIS ARTICLE, THE 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 75 PERCENT OF THE AGGREGATE PAYMENTS IN THAT FULL CALENDAR YEAR TO PREFERRED PROVIDERS FOR SIMILAR SERVICES IN THE SAME GEOGRAPHIC AREA IN ACCORDANCE WITH THE PROVIDERS' AGREEMENTS TO PROVIDE THE SERVICES UNDER THEIR PROVIDER SERVICE AGREEMENTS.~~

#### Article 48A – Insurance Code

490BB.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) (I) "CARRIER" MEANS:

~~(H)~~ 1. AN INSURER;

~~(HH)~~ 2. A NONPROFIT HEALTH SERVICE PLAN;

~~(HHH)~~ 3. A HEALTH MAINTENANCE ORGANIZATION;

~~(IV)~~ A PREFERRED PROVIDER ORGANIZATION;

~~(V)~~ 4. A DENTAL PLAN ORGANIZATION; OR

~~(VI)~~ 5. ANY OTHER PERSON OR ORGANIZATION THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO STATE REGULATION.

(II) "CARRIER" INCLUDES AN ENTITY THAT ARRANGES A PROVIDER PANEL FOR A CARRIER.

(3) "ENROLLEE" MEANS ANY PERSON ENTITLED TO HEALTH CARE BENEFITS FROM A CARRIER.

(4) "PROVIDER" MEANS A HEALTH CARE PRACTITIONER OR A GROUP OF HEALTH CARE PRACTITIONERS LICENSED OR OTHERWISE AUTHORIZED BY LAW TO PROVIDE HEALTH CARE SERVICES.

(5) (I) "PROVIDER PANEL" MEANS THOSE PROVIDERS WITH WHICH A CARRIER CONTRACTS TO PROVIDE HEALTH CARE SERVICES TO THE CARRIER'S ENROLLEES UNDER THE CARRIER'S HEALTH BENEFIT PLAN.