

(2) "CARRIER" MEANS:(I) AN INSURER;(II) A NONPROFIT HEALTH SERVICE PLAN;(III) A HEALTH MAINTENANCE ORGANIZATION;(IV) A DENTAL PLAN ORGANIZATION; OR(V) ANY OTHER PERSON OR ORGANIZATION THAT PROVIDES DENTAL BENEFIT PLANS SUBJECT TO STATE REGULATION.(3) "DENTAL POINT-OF-SERVICE OPTION" MEANS A DELIVERY SYSTEM THAT PERMITS AN INSURED, AN ENROLLEE, OR OTHER COVERED PERSON OF A DENTAL BENEFIT PLAN TO RECEIVE DENTAL SERVICES OUTSIDE THE PROVIDER PANEL.(4) "PROVIDER PANEL" MEANS THOSE PROVIDERS WITH WHICH A CARRIER CONTRACTS TO PROVIDE DENTAL SERVICES TO THE CARRIER'S INSURED, ENROLLEES, OR OTHER COVERED PERSONS UNDER THE CARRIER'S DENTAL BENEFIT PLAN.(B) IF AN EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT OFFERS DENTAL BENEFIT PLAN COVERAGE TO EMPLOYEES OR INDIVIDUALS ONLY THROUGH A CARRIER'S PROVIDER PANEL, THE CARRIER WITH WHICH THE EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT IS CONTRACTING FOR THE COVERAGE SHALL OFFER, OR CONTRACT WITH ANOTHER CARRIER TO OFFER, A DENTAL POINT-OF-SERVICE OPTION TO THE EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT AS AN ADDITIONAL BENEFIT FOR AN EMPLOYEE OR INDIVIDUAL, AT THE EMPLOYEE'S OR INDIVIDUAL'S OPTION, TO ACCEPT OR REJECT.(C) (1) AN EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT MAY REQUIRE AN EMPLOYEE OR INDIVIDUAL THAT ACCEPTS THE ADDITIONAL COVERAGE UNDER A DENTAL POINT-OF-SERVICE OPTION UNDER SUBSECTION (B) OF THIS SECTION TO BE RESPONSIBLE FOR THE PAYMENT OF A PREMIUM OVER THE AMOUNT OF THE PREMIUM FOR THE DENTAL BENEFIT COVERAGE OFFERED BY THE CARRIER ONLY THROUGH ITS PROVIDER PANEL.(2) A CARRIER MAY IMPOSE DIFFERENT COST SHARING PROVISIONS FOR THE DENTAL POINT-OF-SERVICE OPTION BASED ON WHETHER THE DENTAL SERVICE IS PROVIDED THROUGH THE CARRIER'S PROVIDER PANEL OR OUTSIDE THE CARRIER'S PROVIDER PANEL.**Article — Health — General**

19-710.

(R) (4) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, A HEALTH MAINTENANCE ORGANIZATION IS SUBJECT TO THE PROVISIONS OF ARTICLE 48A, § 657 OF THE CODE.