3. A procedure for preauthorization of a medical service the costs of which are anticipated to exceed a minimum threshold amount; and

4. A panel of preferred providers to provide services at specified levels of reimbursement.

(2) Any agreement between a nonprofit health services plan or insurer and a panel under paragraph (1)(ii)4 of this subsection shall contain a provision that a policyholder or subscriber is not obligated to pay for a medical service rendered that is determined not to be medically necessary.

(3) Subject to the approval of the INSURANCE Commissioner, a limited benefits policy may include reasonable deductibles, copayment provisions, preexisting condition limitations of 10 months or less, and medical underwriting as provided under [this article] THE INSURANCE ARTICLE.

(e) (1) Prior to issuing a limited benefits policy, a nonprofit health service plan or insurer shall provide to a prospective policyholder a written statement that, at a minimum, discloses:

(i) Those mandated health insurance benefits and nondiscrimination provisions not covered by the policy;

(ii) The managed care and cost control features of the policy, along with all appropriate mailing addresses and telephone numbers to be utilized in seeking information or authorization;

(iii) That a lower cost health insurance policy may be available from another insurer or from a health maintenance organization, and that the prospective policyholder may contact the Maryland Insurance Commissioner for additional information and assistance; and

(iv) The primary and preventive care features of the policy.

(2) A statement provided under paragraph (1) of this subsection shall be in clear and understandable language.

(f) (1) Prior to issuing a limited benefits policy, a nonprofit health service plan or insurer shall obtain from a prospective policyholder:

(i) As a condition of coverage, the information form required under subsection (i) of this section; and

(ii) A signed written statement that:

1. Certifies as to the eligibility for coverage under the policy;

2. Acknowledges that the disclosure statement required under subsection (e) of this section was provided, and that the extent of the coverage and the managed care and cost control features of the policy were explained and understood; and