- (18) TWO PREVENTIVE DENTAL EXAMS PER YEAR: AND
- (19) EMERCENCY MEDICAL OUTPATIENT TREATMENT.

15 604.

THE MANAGED CARE PROVIDER MAY:

- (1) REQUIRE A DEDUCTIBLE TO APPLY TO PRESCRIPTION BENEFITS AND CO PAYMENTS THAT ARE EQUAL OR LESS THAN THOSE REQUIRED BY THE MEDICARE PART "B" BENEFITS PROVIDED UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT, AS AMENDED:
- (2) ESTABLISH A RESTRICTED FORMULARY OF EXPERIMENTAL DRUGS
 THAT WILL NOT BE REIMBURSED BY THE PROGRAM; AND
- (3) ESTABLISH A CO PAYMENT SYSTEM FOR PRESCRIPTION DRUGS BASED ON THE USE OF BRAND OR GENERIC DRUGS.

15 605.

THE SECRETARY SHALL:

- (1) PAY A MANAGED CARE PROVIDER WITHIN 30 DAYS AFTER RECEIPT OF A CLAIM FOR PAYMENT OF SUBSIDIES:
- (2) SUBMIT A REPORT TO THE GENERAL ASSEMBLY ON OR BEFORE JUNE 30, 2001, AND IN EACH SUCCESSIVE YEAR, THAT INCLUDES A SUMMARY OF THE PROGRAM ACTIVITIES FOR THE YEAR AND ANY RECOMMENDATIONS OR SUCCESTIONS FOR LEGISLATIVE CONSIDERATION: AND
- (3) ADOPT RECULATIONS TO CARRY OUT THE PROVISIONS OF THIS SECTION.
- (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
 - (B) "CARRIER" MEANS:
 - (1) AN AUTHORIZED INSURER;
 - (2) A NONPROFIT HEALTH SERVICE PLAN;
 - (3) A HEALTH MAINTENANCE ORGANIZATION;
 - (4) A MANAGED CARE ORGANIZATION;
 - (5) A DENTAL PLAN ORGANIZATION; OR
- (6) ANY OTHER PERSON THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE.
 - (C) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL WHO:
 - (1) IS A RESIDENT OF MARYLAND AND AT LEAST 65 YEARS OF AGE: