(2) establish terms and conditions that providers must meet to qualify for payment as preferred providers.

14-205

- (a) If a preferred provider insurance policy offered by an insurer provides benefits for a service that is within the lawful scope of practice of a health care provider licensed under the Health Occupations Article, an insured covered by the preferred provider insurance policy is entitled to receive the benefits for that service either through direct payments to the health care provider or through reimbursement to the insured.
- (B) A PREFERRED-PROVIDER-INSURANCE POLICY-OFFERED BY AN INSURER MAY PROVIDE FOR PAYMENT OF SERVICES RENDERED BY:
- (1) PREFERRED-PROVIDERS AND-NONPREFERRED-PROVIDERS;
 - (2) PREFERRED PROVIDERS.
- (b)] (C) (1) [A] IF A preferred provider insurance-policy-offered by-an insurer under this subtitle [shall provide] PROVIDES for payment of services rendered by nonpreferred providers, THE INSURER-SHALL ESTABLISH PAYMENT as provided in this subsection.
- (2) Unless the insurer demonstrates to the satisfaction of the Commissioner that an alternative level of payment is more appropriate, aggregate payments made in a full calendar year to nonpreferred providers, after all deductible and copayment provisions have been applied, on average may not be less than 80% of the aggregate payments made in that full calendar year to preferred providers for similar services, in the same geographic area; under their provider service contracts.
- (D) A PREFERRED PROVIDER INSURANCE POLICY SHALL ALLOW DIRECT ACCESS TO SPECIALISTS.
- (c) (E) (1) In this subsection, "unfair discrimination" means an act, method of competition, or practice engaged in by an insurer:
 - (i) that is prohibited by Title 27, Subtitle 2 of this article; or
- (ii) that, although not specified in Title 27, Subtitle 2 of this article, the Commissioner believes is unfair or deceptive and that results in the institution of an action by the Commissioner under § 27-104 of this article.