

AN OPTION TO INCLUDE PREFERRED AND NONPREFERRED PROVIDERS IS AVAILABLE FOR THE INDIVIDUAL OR EMPLOYEE TO ACCEPT OR REJECT.

~~(B)~~ (C) AN EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT MAY REQUIRE AN EMPLOYEE OR INDIVIDUAL THAT ACCEPTS THE ADDITIONAL COVERAGE FOR PREFERRED AND NONPREFERRED PROVIDERS TO PAY A PREMIUM GREATER THAN THE AMOUNT OF THE PREMIUM FOR THE COVERAGE OFFERED FOR PREFERRED PROVIDERS ONLY.

15-112.

(b) (1) A carrier that uses a provider panel shall:

(i) 1. if the carrier is an insurer, nonprofit health service plan, or dental plan organization, maintain standards in accordance with regulations adopted by the Commissioner for availability of health care providers to meet the health care needs of enrollees; [and]

2. if the carrier is a health maintenance organization, adhere to the standards for accessibility of covered services in accordance with regulations adopted under § 19-705.1(b)(1)(ii) of the Health - General Article; and

3. IF THE CARRIER IS AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT OFFERS A PREFERRED PROVIDER INSURANCE POLICY THAT CONDITIONS THE PAYMENT OF BENEFITS ON THE USE OF PREFERRED PROVIDERS, ADHERE TO THE STANDARDS FOR ACCESSIBILITY OF COVERED SERVICES IN ACCORDANCE WITH REGULATIONS ADOPTED UNDER § 19-705.1(B)(1)(II) OF THE HEALTH - GENERAL ARTICLE AND AS ENFORCED BY THE SECRETARY OF HEALTH AND MENTAL HYGIENE; AND

(ii) establish procedures to:

1. review applications for participation on the carrier's provider panel in accordance with this section;

2. notify an enrollee of:

A. the termination from the carrier's provider panel of the primary care provider that was furnishing health care services to the enrollee; and

B. the right of the enrollee, on request, to continue to receive health care services from the enrollee's primary care provider for up to 90 days after the date of the notice of termination of the enrollee's primary care provider from