

Article - Insurance

14-201.

(a) In this subtitle the following words have the meanings indicated.

(b) "Insured" means a person covered for benefits under a preferred provider insurance policy offered or administered by an insurer.

(c) "Nonpreferred provider" means a provider that is eligible for payment under a preferred provider insurance policy, but that is not a preferred provider under the applicable provider service contract.

(d) "Preferential basis" means an arrangement under which the insured or subscriber under a preferred provider insurance policy is entitled to receive health care services from preferred providers at no cost, at a reduced fee, or under more favorable terms than if the insured or subscriber received similar services from a nonpreferred provider.

(e) "Preferred provider" means a provider that has entered into a provider service contract.

(f) "Preferred provider insurance policy" means:

(1) a policy or insurance contract that is issued or delivered in the State by an insurer, under which health care services are to be provided to the insured by a preferred provider on a preferential basis; or

(2) another contract that is offered by an employer, third party administrator, or other entity, under which health care services are to be provided to the subscriber by a preferred provider on a preferential basis.

(g) "Provider" means a physician, hospital, or other person that is licensed or otherwise authorized to provide health care services.

(h) "Provider service contract" means a contract between a provider and an insurer, employer, third party administrator, or other entity, under which the provider agrees to provide health care services on a preferential basis under specific preferred provider insurance policies.

(i) "Subscriber" means a person covered for benefits under a preferred provider insurance policy issued by a person that is not an insurer.

14-202.