

(a) (1) This subtitle applies to insurers that issue or deliver individual or group health insurance policies in the State.

(2) The provisions of this subtitle that apply to insurers also apply to nonprofit health service plans that issue or deliver individual or group health insurance policies in the State.

(b) Except as otherwise provided in § 14-206 of this subtitle, this subtitle does not apply to an employee benefit plan to the extent that the plan is governed by the Employee Retirement Income Security Act of 1974 (ERISA).

14-203.

The Commissioner may adopt regulations to enforce this subtitle.

14-204.

Subject to the approval of the Commissioner, an insurer may:

(1) offer or administer a health benefit program under which the insurer offers preferred provider insurance policies that limit, through the use of provider service contracts, the numbers and types of providers of health care services eligible for payment as preferred providers; and

(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;~~

OR

~~(2) PREFERRED PROVIDERS.~~