

(2) DOES NOT RESTRICT PAYMENT FOR COVERED SERVICES PROVIDED BY NONPREFERRED PROVIDERS:

(I) FOR EMERGENCY SERVICES, AS DEFINED IN § 19-701 OF THE HEALTH - GENERAL ARTICLE;

(II) FOR AN UNFORESEEN ILLNESS, INJURY, OR CONDITION REQUIRING IMMEDIATE CARE; OR

(III) AS REQUIRED UNDER § 15-830 OF THIS ARTICLE.

~~(A)~~ (B) (1) IF AN EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT OFFERS HEALTH BENEFIT PLAN COVERAGE TO EMPLOYEES OR INDIVIDUALS ONLY THROUGH PREFERRED PROVIDERS, THEN THE INSURER OR NONPROFIT HEALTH SERVICE PLAN WITH WHICH THE EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT IS CONTRACTING FOR THE COVERAGE SHALL OFFER AN OPTION TO INCLUDE PREFERRED AND NONPREFERRED PROVIDERS AS AN ADDITIONAL BENEFIT FOR AN EMPLOYEE OR INDIVIDUAL, AT THE EMPLOYEE'S OR INDIVIDUAL'S OPTION, TO ACCEPT OR REJECT.

(2) THE INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PROVIDE TO EACH EMPLOYER, ASSOCIATION, OR OTHER PRIVATE GROUP ARRANGEMENT A DISCLOSURE STATEMENT ON THE GROUP APPLICATION THAT 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]