

(I) COVERAGE FOR THE DIAGNOSIS AND TREATMENT OF ACUTE MENTAL CONDITIONS ON AN OUTPATIENT BASIS; AND

(II) PREVENTIVE SERVICES.

(5) WITH THE APPROVAL OF THE COMMISSIONER:

~~(A) A BASIC LIMITED BENEFITS POLICY MAY PROVIDE BENEFITS IN ADDITION TO THOSE PROVIDED UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND~~

~~(H) BENEFITS PROVIDED UNDER PARAGRAPH (1)(II) OF THIS SUBSECTION MAY INCLUDE PREVENTIVE SERVICES REQUIRED UNDER THIS SUBSECTION.~~

(D) (1) A BASIC LIMITED BENEFITS POLICY:

(I) SHALL CONTAIN AN EXCLUSION FOR SERVICES THAT ARE NOT MEDICALLY NECESSARY OR ARE NOT COVERED PREVENTIVE HEALTH SERVICES; AND

(II) SUBJECT TO THE APPROVAL OF THE COMMISSIONER, MAY INCLUDE OTHER MANAGED CARE PROVISIONS TO CONTROL COSTS, INCLUDING:

1. UTILIZATION REVIEW BY THE INSURER OR NONPROFIT HEALTH SERVICE PLAN;

2. SECOND SURGICAL OPINIONS;

3. A PROCEDURE FOR PREAUTHORIZATION OF A MEDICAL SERVICE THE COSTS OF WHICH ARE ANTICIPATED TO EXCEED A MINIMUM THRESHOLD AMOUNT; AND

4. A PANEL OF PREFERRED PROVIDERS TO PROVIDE SERVICES AT SPECIFIED LEVELS OF REIMBURSEMENT.

(2) ANY AGREEMENT BETWEEN A NONPROFIT HEALTH SERVICES PLAN OR INSURER AND A PANEL UNDER PARAGRAPH (1)(II)4 OF THIS SUBSECTION SHALL CONTAIN A PROVISION THAT A POLICYHOLDER OR SUBSCRIBER IS NOT OBLIGATED TO PAY FOR A MEDICAL SERVICE RENDERED THAT IS DETERMINED NOT TO BE MEDICALLY NECESSARY.

(3) SUBJECT TO THE APPROVAL OF THE COMMISSIONER, A BASIC LIMITED BENEFITS POLICY MAY INCLUDE REASONABLE DEDUCTIBLES, COPAYMENT PROVISIONS, PREEXISTING CONDITION LIMITATIONS OF 10 MONTHS OR LESS, AND MEDICAL UNDERWRITING AS PROVIDED UNDER THIS ARTICLE.