

(2) IF THE LOSS RATIO OF A NONPROFIT HEALTH SERVICE PLAN IS LESS THAN 75 PERCENT OR IF THE EXPENSE RATIO OF A NONPROFIT HEALTH SERVICE PLAN IS MORE THAN 18 PERCENT, THE COMMISSIONER MAY REQUIRE THE NONPROFIT HEALTH SERVICE PLAN TO FILE NEW RATES FOR ITS HEALTH BENEFIT PLANS.

707. 713.

THIS SUBTITLE MAY BE CITED AS THE "MARYLAND HEALTH INSURANCE REFORM ACT".

Article - Health - General

19-706.

(H) THE PROVISIONS OF ARTICLE 48A, SUBTITLE 55 SHALL APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

19-714.

Each marketing document that sets forth the health care services of a health maintenance organization shall describe fully and clearly:

(1) The health care services under each benefit package and every other benefit to which a member is entitled;

(2) Where and how services may be obtained;

(3) Each exclusion or limitation on any service or other benefit that it provides;

(4) Each deductible feature; [and]

(5) Each copayment [provision] PROVISION; AND

(6) ALL INFORMATION REQUIRED BY ARTICLE 48A, § 703(C) OF THE CODE.

19-716.

Annually, each health maintenance organization shall provide to its members and make available to the general public, in clear, readable, and concise form:

(1) A summary of the most recent financial report that the health maintenance organization submits to the Commissioner under § 19-717 of this subtitle;

(2) A description of the benefit packages available and the nongroup rates required by the Commissioner;

(3) A description of the accessibility and availability of services, including where and how to obtain them;

(4) A statement that shows, by category, the percentage of members assisted by public funds; [and]