PROVIDE UTILIZATION REVIEWS, OVERSEE ADMINISTRATIVE EXPENSES, AND PERFORM RISK ANALYSIS, AS THE BOARD DETERMINES IS NECESSARY: AND

(12) DETERMINE ALL OTHER MATTERS AND SPECIFICATIONS RELATING TO THE PLAN.

616F.

- (A) THE STATE SHALL HAVE NO PECUNIARY LIABILITY UNDER THIS SUBTITLE.
- (B) THIS SUBTITLE MAY NOT BE CONSTRUED TO LIMIT THE LIABILITY OF ANY PLAN ADMINISTRATOR RETAINED TO PROVIDE SERVICES TO THE PLAN.

616G:

ANY PLAN APPLICANT WHO MISREPRESENTS HIS ELIGIBILITY, OR THE ELIGIBILITY OF ANY PERSON CLAIMING COVERAGE THROUGH THE APPLICANT, IS GUILTY OF A MISDEMEANOR, AND ON CONVICTION IS SUBJECT TO A FINE NOT EXCEEDING \$500 OR IMPRISONMENT NOT EXCEEDING 60 DAYS OR BOTH FOR EACH VIOLATION.

616H-

THE PLAN SHALL BE OPERATED IN ACCORDANCE WITH SOUND ACTUARIAL PRINCIPLES.

490M.

- (A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
- (2) "GROUP CONTRACT" MEANS ANY HEALTH INSURANCE CONTRACT OR POLICY THAT:
- (I) IS ISSUED OR DELIVERED IN THE STATE TO AN EMPLOYER BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT PROVIDES HOSPITAL, MEDICAL, OR SURGICAL BENEFITS ON AN EXPENSE-INCURRED BASIS; AND
 - (II) COVERS A GROUP OF 100 OR FEWER INDIVIDUALS.
 - (3) "SUCCEEDING POLICY" MEANS A GROUP CONTRACT THAT:
 - (I) REPLACES OR SUCCEEDS A GROUP CONTRACT; AND
- (II) IS EFFECTIVE WITHIN 65 DAYS OF THE DATE ON WHICH THE REPLACED OR SUCCEEDED GROUP CONTRACT TERMINATES.
 - (4) "SUCCEEDING INSURER" MEANS THE INSURER OR