

- (4) dental;
- (5) psychological; or
- (6) optometric.

14-106.

(a) It is the public policy of this State that the exemption from taxation for nonprofit health service plans under § 6-101(b)(1) of this article is granted so that funds which would otherwise be collected by the State and spent for a public purpose shall be used in a like manner and amount by the nonprofit health service plan.

(b) By March 1 of each year or a deadline otherwise imposed by the Commissioner for good cause, each nonprofit health service plan shall file with the Commissioner a premium tax exemption report that:

- (1) is in a form approved by the Commissioner; and
- (2) demonstrates that the plan has used funds equal to the value of the premium tax exemption provided to the plan under § 6-101(b) of this article, in a manner that serves the public interest in accordance with this section.

(c) A nonprofit health service plan may satisfy the public service requirement of this section by establishing that, to the extent the value of the nonprofit health service plan's premium tax exemption under § 6-101(b) of this article exceeds the subsidy required under the Senior Prescription Drug Program established under Subtitle 5, Part II of this title, the plan has:

- (1) increased access to, or the affordability of, one or more health care products or services by offering and selling health care products or services that are not required or provided for by law;
- (2) provided financial or in-kind support for public health programs;
- (3) employed underwriting standards in a manner that increases the availability of one or more health care services or products;
- (4) employed pricing policies that enhance the affordability of health care services or products and result in a higher medical loss ratio than that established by a comparable for-profit health insurer; or
- (5) served the public interest by any method or practice approved by the Commissioner.

(d) (I) Notwithstanding subsection (c) of this section, a nonprofit health service plan that is subject to this section and issues comprehensive health care benefits in the State shall:

- (1) (I) offer health care products in the individual market;
- (2) (II) offer health care products in the small employer group market in accordance with Title 15, Subtitle 12 of this article; [and]