

chiroprodists, a chiropractor or chiropractors, a pharmacist or pharmacists, a dentist or dentists, a duly licensed psychologist or psychologists, or an optometrist or optometrists, to persons who become subscribers to such plan under contracts which entitle each subscriber to certain hospital, medical, chiroprodial, chiropractic, pharmaceutical, dental, psychological, or optometric care or any of them, shall be governed and regulated by the provisions of this subtitle, and by no other law relating to insurance unless such law is referred to under this subtitle, and no law hereafter enacted shall apply to such corporations, unless they are expressly designated therein, and specifically refer to such corporations. NOTWITHSTANDING THIS, THE COMMISSIONER SHALL HAVE THE--GENERAL THOSE POWERS AND DUTIES NECESSARY TO ENFORCE THE PROVISIONS OF THIS SUBTITLE WITH RESPECT TO NONPROFIT HEALTH SERVICE PLANS AS ARE GRANTED UNDER §§ 24 AND 25 OF THIS ARTICLE.

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(A) No corporation subject to the provisions of this subtitle shall amend its certificate of incorporation, its bylaws, the terms and provisions of contracts executed or to be executed with hospitals, physicians, chiroprodists, chiropractors, pharmacists, dentists, psychologists, or optometrists, and the terms and provisions of contracts issued, or proposed to be issued, to subscribers of the plan, until such proposed amendments have been first submitted to, and approved by, the Insurance Commissioner, and payment made of the fees provided for by § 41 of this article; nor shall any change be made in the table of rates charged, or proposed to be charged, to subscribers for any form of contract issued or to be issued for hospital, medical, chiroprodial, chiropractic, pharmaceutical, dental, psychological, or optometric care until such proposed change has been submitted to, and approved by, the Insurance Commissioner. Each amendment shall be on file for a waiting period of 45 working days before it becomes effective. When in the Commissioner's opinion an amendment is not accompanied by the information needed to support it and the Commissioner does not have sufficient information to determine whether the filing meets the requirements of this section, the nonprofit health service plan shall be required to furnish the needed information and in this event the waiting period shall be suspended and shall recommence as of the date the information is furnished. Upon written application by the nonprofit health service plan, the Commissioner may authorize an amendment which he has reviewed to become effective before the expiration of the waiting period or any extension thereof or at any later date. A filing shall be deemed approved unless disapproved by the Commissioner within the waiting period or any extension thereof. The Commissioner shall disapprove or modify the proposed change or changes if the table of rates appears by STATISTICAL ANALYSIS AND reasonable assumptions to be excessive in relation to benefits, or if the form contains provisions which are unjust, unfair, inequitable, inadequate, misleading, deceptive, or encourage misrepresentations of the coverage. In determining whether to