

health benefit plans] THE DATA REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE REPORTED IN THE FOLLOWING MANNER:

(I) IN THE CASE OF DATA RELATED TO HEALTH BENEFIT PLANS ISSUED UNDER SUBTITLE 55 OF THIS ARTICLE, BY PRODUCT DELIVERY SYSTEM;

(II) IN THE CASE OF POLICIES ISSUED ON AN INDIVIDUAL BASIS, IN THE AGGREGATE; AND

(III) IN THE CASE OF ALL OTHER HEALTH BENEFIT PLANS, IN A MANNER DETERMINED BY THE COMMISSIONER IN ACCORDANCE WITH PARAGRAPH (1) OF THIS SUBSECTION.

(3) (I) IF THE LOSS RATIO IS LESS THAN 75 PERCENT FOR A HEALTH BENEFIT PLAN THAT IS ISSUED UNDER SUBTITLE 55 OF THIS ARTICLE, THE COMMISSIONER MAY REQUIRE THE NONPROFIT HEALTH SERVICE PLAN, INSURER, OR HEALTH MAINTENANCE ORGANIZATION THAT ISSUES THE HEALTH BENEFIT PLAN TO FILE NEW RATES.

(II) IN THE CASE OF A HEALTH BENEFIT PLAN ISSUED TO INDIVIDUALS, IF THE LOSS RATIO IS LESS THAN 60 PERCENT ~~FOR A NONPROFIT HEALTH SERVICE PLAN OR LESS THAN 50 PERCENT FOR AN INSURER OR HEALTH MAINTENANCE ORGANIZATION~~, THE COMMISSIONER MAY REQUIRE THE NONPROFIT HEALTH SERVICE PLAN, INSURER, OR HEALTH MAINTENANCE ORGANIZATION TO FILE NEW RATES.

(III) UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH, "HEALTH BENEFIT PLAN" DOES NOT INCLUDE AN INSURANCE PRODUCT LISTED IN § 698(H)(2) OF THIS ARTICLE. A LOSS RATIO FOR AN INSURANCE PRODUCT LISTED IN § 698(H)(2) MAY BE ESTABLISHED BY THE COMMISSIONER IN ACCORDANCE WITH GENERALLY ACCEPTED ACTUARIAL PRINCIPLES APPLICABLE TO THE SPECIFIC PRODUCT.

(IV) UNDER SUBPARAGRAPH (II) OF THIS PARAGRAPH, "HEALTH BENEFIT PLAN" DOES NOT INCLUDE AN INSURANCE PRODUCT WHICH IS SHORT-TERM, NONRENEWABLE, AND WITH NO MORE THAN A 6-MONTH POLICY TERM. A LOSS RATIO FOR AN INSURANCE PRODUCT UNDER THIS SUBPARAGRAPH MAY BE ESTABLISHED BY THE COMMISSIONER.

(iii) ~~(iv)~~ (I) The authority of the Commissioner UNDER THIS PARAGRAPH to require [an insurer] A NONPROFIT HEALTH SERVICE PLAN, INSURER, OR HEALTH MAINTENANCE ORGANIZATION to file new rates based on [the insurer's] loss ratio [under this paragraph] shall be deemed to be in addition to any other authority of the Commissioner under this article to require that rates not be excessive, inadequate, or unfairly discriminatory and may not be construed to limit any existing authority of the Commissioner to determine whether a rate is excessive.

(3) (4) In determining whether to require an insurer to file new rates under paragraph (2) of this subsection, the Commissioner may consider the amount of health insurance premiums earned in the State on individual policies in proportion to the total health insurance premiums earned in the State for the insurer. The insurer shall