

356.

(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, chiropodists, chiropractors, pharmacists, dentists, psychologists, or optometrists,] ~~and~~ OR 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, chiropodial, 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 60 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 disapprove or modify the form or table of rates, the Commissioner shall give due consideration to past and prospective loss experience within and outside this State, to underwriting practice and judgment to the extent appropriate, to a reasonable margin for reserve needs, to past and prospective expenses both countrywide and those specifically applicable to this State, and to all other relevant factors within and outside this State.

Upon the adoption of any such amendment or change, following its approval by the Insurance Commissioner, such corporation shall file a copy thereof with the Insurance Commissioner, duly certified to by at least two (2) of the executive officers of such corporation.

(b) The Commissioner is empowered at any time to require any nonprofit health service plan in this State to demonstrate that its filings ~~REQUIRED UNDER SUBSECTION (A) OF THIS SECTION~~, including the terms and provisions of its contracts and its table of rates and its method for setting rates, are in compliance with subsection (a) ~~thereof~~ ~~OF THIS SECTION~~, notwithstanding that the filings then in effect had previously been approved by the Commissioner.

(c) If at any time subsequent to the applicable review period provided for in subsection (a) of this section, the Commissioner finds that a filing does not meet the requirements of this section, the Commissioner shall, after a hearing held upon not less