

(B) WAITING PERIOD; DEEMED APPROVAL; DISAPPROVAL OR MODIFICATION.

(1) (I) AN AMENDMENT MAY NOT TAKE EFFECT UNTIL 60 DAYS AFTER IT IS FILED WITH THE COMMISSIONER.

(II) IF 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 COMMISSIONER SHALL REQUIRE THE NONPROFIT HEALTH SERVICE PLAN TO PROVIDE THE NEEDED INFORMATION.

(III) IF THE COMMISSIONER REQUIRES ADDITIONAL INFORMATION, THE WAITING PERIOD UNDER THIS PARAGRAPH SHALL BEGIN AGAIN ON THE DATE THE NEEDED INFORMATION IS PROVIDED.

(IV) ON WRITTEN APPLICATION BY THE NONPROFIT HEALTH SERVICE PLAN, THE COMMISSIONER MAY AUTHORIZE AN AMENDMENT THAT THE COMMISSIONER HAS REVIEWED TO BECOME EFFECTIVE BEFORE THE EXPIRATION OF THE WAITING PERIOD OR ANY EXTENSION OF THE WAITING PERIOD OR AT A LATER DATE.

(2) A FILING IS DEEMED APPROVED UNLESS DISAPPROVED BY THE COMMISSIONER WITHIN THE WAITING PERIOD OR ANY EXTENSION OF THE WAITING PERIOD.

(3) (I) THE COMMISSIONER SHALL DISAPPROVE OR MODIFY THE PROPOSED CHANGE IF:

1. THE TABLE OF RATES APPEARS BY STATISTICAL ANALYSIS AND REASONABLE ASSUMPTIONS TO BE EXCESSIVE IN RELATION TO BENEFITS; OR

2. THE FORM CONTAINS PROVISIONS THAT ARE UNJUST, UNFAIR, INEQUITABLE, INADEQUATE, MISLEADING, OR DECEPTIVE OR ENCOURAGE MISREPRESENTATIONS OF THE COVERAGE.

(II) IN DETERMINING WHETHER TO DISAPPROVE OR MODIFY THE FORM OR TABLE OF RATES, THE COMMISSIONER SHALL CONSIDER:

1. PAST AND PROSPECTIVE LOSS EXPERIENCE WITHIN AND OUTSIDE THE STATE;

2. UNDERWRITING PRACTICE AND JUDGMENT TO THE EXTENT APPROPRIATE;

3. A REASONABLE MARGIN FOR RESERVE NEEDS;

4. PAST AND PROSPECTIVE EXPENSES, BOTH COUNTRYWIDE AND THOSE SPECIFICALLY APPLICABLE TO THE STATE; AND

5. ANY OTHER RELEVANT FACTORS WITHIN AND OUTSIDE THE STATE.