

made "under this paragraph" to nonpreferred providers is deleted as surplusage.

Also in subsection (b)(2) of this section, the former phrase "pursuant to the providers' agreements to provide the services" is deleted as surplusage.

In the introductory language of subsection (c)(1) of this section, the reference to an "insurer" is substituted for the former reference to a "nonprofit health service plan" for accuracy and consistency with subsection (c)(2) of this section.

Subsection (c)(1)(ii) of this section is revised to clarify that it applies to acts, methods of competition, or practices engaged in by insurers.

Defined terms: "Commissioner" § 1-101

"Insured" § 14-201

"Insurer" § 1-101

"Nonpreferred provider" § 14-201

"Preferred provider" § 14-201

"Preferred provider insurance policy" § 14-201

"Provider" § 14-201

"Provider service contract" § 14-201

#### 14-206. FILINGS WITH COMMISSIONER.

##### (A) APPLICATION TO EMPLOYEE BENEFIT PLANS.

THIS SECTION APPLIES TO AN EMPLOYEE BENEFIT PLAN WHOSE BENEFIT PROVISIONS ARE GOVERNED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 (ERISA) OR ANOTHER FEDERAL LAW.

##### (B) REQUIRED FILINGS.

ON REQUEST OF THE COMMISSIONER, EACH INSURER, EMPLOYER, THIRD PARTY ADMINISTRATOR, OR OTHER ENTITY THAT ISSUES, DELIVERS, ADMINISTERS, OR OFFERS A PREFERRED PROVIDER INSURANCE POLICY IN THE STATE SHALL FILE WITH THE COMMISSIONER:

##### (1) A WRITTEN SUMMARY DESCRIPTION AND A PROTOTYPE COPY OF:

(I) THE PREFERRED PROVIDER INSURANCE POLICY;

(II) ALL ATTENDANT PROVIDER SERVICE CONTRACTS;

(III) ANY OTHER RELATED CONTRACTS; AND

(IV) ANY AMENDMENTS TO THE DOCUMENTS LISTED IN ITEMS (I) THROUGH (III) OF THIS PARAGRAPH; AND

(2) ANY OTHER RELATED DOCUMENTS OR INFORMATION THAT THE COMMISSIONER REQUIRES.

##### (C) PENALTY.