

**ACCORDANCE WITH THE REQUIREMENTS OF THE FEDERAL MEDICARE MODERNIZATION ACT.**

(I) "PLAN MEMBER" MEANS ANY INDIVIDUAL WHO PAYS FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION FOR THE RIGHT TO RECEIVE THE BENEFITS OF A DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN.

(J) "PROVIDER" MEANS:

(1) ANY PERSON OR INSTITUTION WHICH IS CONTRACTED, DIRECTLY OR INDIRECTLY, WITH A DISCOUNT MEDICAL PLAN ORGANIZATION TO PROVIDE MEDICAL SERVICES TO PLAN MEMBERS; OR

(2) ANY PERSON OR INSTITUTION WHICH IS CONTRACTED, DIRECTLY OR INDIRECTLY, WITH A DISCOUNT DRUG PLAN ORGANIZATION TO PROVIDE PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES TO PLAN MEMBERS.

(K) "STATE PRESCRIPTION DRUG PLAN" MEANS ANY DISCOUNT PLAN OPERATED BY A STATE AGENCY.

**14-602.**

(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, THIS SUBTITLE DOES NOT APPLY TO AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION THAT HOLDS A CERTIFICATE OF AUTHORITY IN THIS STATE.

(B) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION SHALL:

(1) COMPLY WITH §§ 14-606 THROUGH 14-611 OF THIS SUBTITLE;

(2) NOTIFY THE COMMISSIONER IN WRITING THAT IT SELLS, MARKETS, OR SOLICITS A DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IN THE STATE; AND

(3) (I) FILE ANNUALLY WITH THE COMMISSIONER A CURRENT LIST OF THE PERSONS, OTHER THAN LICENSED INSURANCE PRODUCERS, WHO ARE AUTHORIZED TO SELL, MARKET, OR SOLICIT IN THE STATE A DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN ESTABLISHED BY THE INSURER,