

(B) THIS SECTION DOES NOT LIMIT ANY REGULATORY POWER OF THE COMMISSIONER UNDER TITLE 2 OF THIS ARTICLE.

14-606.

(A) A DISCOUNT MEDICAL PLAN ORGANIZATION AND A DISCOUNT DRUG PLAN ORGANIZATION MAY NOT:

(1) USE IN THEIR ADVERTISEMENTS, MARKETING MATERIAL, BROCHURES, AND DISCOUNT CARDS THE TERM "INSURANCE" EXCEPT:

(I) IN THE NAME OF AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION WHOSE CORPORATE NAME INCLUDES THE WORD "INSURANCE";

(II) WHEN COMPARING THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN TO INSURANCE OR OTHERWISE DISTINGUISHING THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN FROM INSURANCE; OR

(III) AS OTHERWISE PROVIDED IN THIS SUBTITLE.

(2) USE IN THEIR ADVERTISEMENTS, MARKETING MATERIAL, BROCHURES, AND DISCOUNT CARDS THE TERMS "HEALTH PLAN", "COVERAGE", "COPAY", "COPAYMENTS", "PREEXISTING CONDITIONS", "GUARANTEED ISSUE", "PREMIUM", "PPO", "PREFERRED PROVIDER ORGANIZATION", OR OTHER TERMS IN A CONTEXT THAT COULD REASONABLY MISLEAD A PERSON INTO BELIEVING THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN WAS HEALTH INSURANCE;

(3) HAVE RESTRICTIONS ON ACCESS TO DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN PROVIDERS, INCLUDING WAITING PERIODS AND NOTIFICATION PERIODS;

(4) PAY PROVIDERS ANY FEES FOR MEDICAL SERVICES, PHARMACEUTICAL SUPPLIES, PRESCRIPTION DRUGS, OR MEDICAL EQUIPMENT AND SUPPLIES, EXCEPT THAT A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG PLAN ORGANIZATION THAT ALSO HAS AN ACTIVE REGISTRATION UNDER TITLE 8, SUBTITLE 3 OF THIS ARTICLE MAY CONTINUE TO PAY FEES TO PROVIDERS IN ITS CAPACITY AS A THIRD PARTY ADMINISTRATOR;

(5) REFUSE TO MODIFY THE METHOD OF PAYMENT FOR MEMBERSHIP IN A DISCOUNT MEDICAL PLAN OR A DISCOUNT DRUG PLAN ON