

THE PAYOR OF ALL FEES, DUES, CHARGES, OR OTHER FINANCIAL CONSIDERATION WITHIN 30 CALENDAR DAYS AFTER THE DATE OF CANCELLATION.

14-609.

(A) EACH DISCOUNT MEDICAL PLAN ORGANIZATION AND EACH DISCOUNT DRUG ORGANIZATION SHALL PROVIDE TO A PLAN MEMBER OR TO A PLAN MEMBER FOR THE MEMBER'S FAMILY A DISCOUNT CARD THAT INCLUDES, AT A MINIMUM, THE FOLLOWING DATA ELEMENTS:

(1) A STATEMENT THAT THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IS NOT INSURANCE;

(2) (I) THE NAME OR IDENTIFYING TRADEMARK OF THE DISCOUNT MEDICAL PLAN ORGANIZATION OR THE DISCOUNT DRUG PLAN ORGANIZATION; OR

(II) THE NAME OR IDENTIFYING TRADEMARK OF THE PROVIDER NETWORKS THAT PARTICIPATE WITH THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN; AND

(3) THE TELEPHONE NUMBER THAT THE PLAN MEMBER MAY CALL FOR ASSISTANCE.

(B) (1) IF A CHANGE OCCURS IN THE DATA ELEMENT REQUIRED UNDER SUBSECTION (A)(3) OF THIS SECTION, A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG PLAN ORGANIZATION SHALL REISSUE A DISCOUNT CARD.

(2) A DISCOUNT MEDICAL PLAN ORGANIZATION OR A DISCOUNT DRUG PLAN ORGANIZATION SHALL NOTIFY A PLAN MEMBER WHEN THERE IS A MATERIAL CHANGE IN PLAN BENEFITS OR IN THE DATA ELEMENTS REQUIRED UNDER SUBSECTION (A)(1), (2), OR (3) OF THIS SECTION.

~~(C) EACH DISCOUNT CARD PROVIDED UNDER SUBSECTION (A) OF THIS SECTION SHALL:~~

~~(1) INCLUDE A STATEMENT THAT THE DISCOUNT MEDICAL PLAN OR DISCOUNT DRUG PLAN IS NOT A MEDICARE PRESCRIPTION DRUG PLAN; OR~~