

~~(2) [A] SUBJECT TO PARAGRAPHS (4) THROUGH (7) OF THIS SUBSECTION, A CARRIER MAY ADJUST THE COMMUNITY RATE ONLY FOR:~~

- ~~(i) age; [and]~~
- ~~(ii) geography based on the following contiguous areas of the State:~~
 - ~~1. the Baltimore metropolitan area;~~
 - ~~2. the District of Columbia metropolitan area;~~
 - ~~3. Western Maryland; and~~
 - ~~4. Eastern and Southern Maryland; AND~~

~~(III) HEALTH STATUS.~~

~~(3) Rates for a health benefit plan may vary based on family composition as approved by the Commissioner.~~

~~(4) BASED ON THE ADJUSTMENT FOR AGE ALLOWED UNDER PARAGRAPH (2)(I) OF THIS SUBSECTION, A CARRIER MAY CHARGE A RATE THAT IS 60% ABOVE OR BELOW THE COMMUNITY RATE.~~

~~(5) BASED ON THE ADJUSTMENT FOR GEOGRAPHY ALLOWED UNDER PARAGRAPH (2)(II) OF THIS SECTION, A CARRIER MAY CHARGE A RATE THAT IS 15% ABOVE OR BELOW THE COMMUNITY RATE.~~

~~(6) (I) BASED ON THE ADJUSTMENT FOR HEALTH STATUS ALLOWED UNDER PARAGRAPH (2)(III) OF THIS SUBSECTION, A CARRIER MAY CHARGE A RATE THAT IS 25% ABOVE OR BELOW THE COMMUNITY RATE.~~

~~(II) ON RENEWAL, A CARRIER MAY ADJUST THE COMMUNITY RATE FOR A HEALTH BENEFIT PLAN BASED ON CHANGES IN HEALTH STATUS THAT OCCUR AFTER THE HEALTH BENEFIT PLAN IS ISSUED BY THE CARRIER BY NO MORE THAN 15%.~~

~~(7) (I) ON RENEWAL, A CARRIER MAY NOT INCREASE THE PREMIUM RATE BY MORE THAN 25% OF THE RATE THAT WAS CHARGED IN THE PRECEDING YEAR.~~

~~(II) THE LIMITATION IN SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT INCLUDE ANY PREMIUM RATE INCREASE THAT IS BASED ON A CARRIER'S ANNUAL COST AND UTILIZATION TRENDS OR CHANGE IN THE RATING FACTOR FOR ATTAINED AGE FOR COVERED PERSONS.~~

~~(b) A carrier shall apply all risk adjustment factors under subsection (a) of this section consistently with respect to all health benefit plans that are issued, delivered, or renewed in the State.~~

~~[(c) Based on the adjustments allowed under subsection (a)(2) of this section, a carrier may charge a rate that is 40% above or below the community rate.]~~