

(3) EXCEPT FOR A PLAN OFFERED IN ACCORDANCE WITH PARAGRAPH (2) OF THIS SUBSECTION, A CARRIER MAY NOT OFFER A HEALTH BENEFIT PLAN THAT HAS FEWER THAN THE BENEFITS IN THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN.

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(A) (1) THE COMMISSION SHALL ADOPT REGULATIONS SPECIFYING THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN TO APPLY UNDER THIS SUBTITLE, IN ACCORDANCE WITH THE PROVISIONS OF TITLE 19, SUBTITLE 15 OF THE HEALTH - GENERAL ARTICLE.

(2) THE COMMISSION SHALL REQUIRE THAT THE MINIMUM BENEFITS PERMITTED TO BE OFFERED IN THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN:

(I) BY A HEALTH MAINTENANCE ORGANIZATION, SHALL INCLUDE AT LEAST THE ACTUARIAL EQUIVALENT OF THE MINIMUM BENEFITS REQUIRED TO BE OFFERED BY A FEDERALLY QUALIFIED HEALTH MAINTENANCE ORGANIZATION; AND

(II) ON AN EXPENSE-INCURRED BASIS BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN, SHALL BE ACTUARIALLY EQUIVALENT TO AT LEAST THE MINIMUM BENEFITS REQUIRED TO BE OFFERED UNDER ITEM (I) OF THIS PARAGRAPH.

(3) THE AVERAGE COMMUNITY RATE FOR THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN, AS DETERMINED ANNUALLY BY THE COMMISSION, BASED ON THE AVERAGE COMMUNITY RATE SUBMITTED BY EACH CARRIER OFFERING THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN MAY NOT EXCEED 12 PERCENT OF MARYLAND'S AVERAGE ANNUAL WAGE.

(2) (4) IN ESTABLISHING BENEFITS, THE COMMISSION SHALL JUDGE PREVENTIVE SERVICES, MEDICAL TREATMENTS, PROCEDURES, AND RELATED HEALTH SERVICES BASED ON:

(I) THEIR EFFECTIVENESS IN IMPROVING THE HEALTH STATUS OF INDIVIDUALS;

(II) THEIR IMPACT ON MAINTAINING AND IMPROVING HEALTH AND ON REDUCING THE UNNECESSARY CONSUMPTION OF HEALTH CARE SERVICES; AND

(III) THEIR IMPACT ON THE AFFORDABILITY OF HEALTH CARE COVERAGE.

(3) (5) THE COMMISSION MAY EXCLUDE ANY MANDATED BENEFIT.

(B) THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN SHALL INCLUDE UNIFORM DEDUCTIBLES AND COST-SHARING ASSOCIATED WITH ITS BENEFITS, AS DETERMINED BY THE COMMISSION.

(C) IN ESTABLISHING COST-SHARING AS PART OF THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN, THE COMMISSION SHALL: