

(d) For a period not to exceed 6 months from the date an individual becomes an [eligible] employee, a health benefit plan may require deductibles and cost-sharing for benefits for a preexisting condition of the [eligible] employee in amounts not exceeding one and one-half times the amount of the standard deductibles and cost-sharing of other [eligible] employees, if the employee was not previously covered by public or private health insurance or by another health benefit arrangement, and the employee was not previously employed by that employer.

## 702.

(a) (1) In establishing a community rate for a health benefit plan, a carrier shall use a rating methodology that is based on the experience of the entire pool of risks covered by that plan without regard to health status or occupation or any other factor not specifically authorized under this subsection.

(2) A carrier may only adjust the community rate for:

(i) Age; and

(ii) Geography based on the following contiguous areas of the State:

1. Baltimore metropolitan area;

2. The District of Columbia metropolitan area;

3. Western Maryland; and

4. Eastern AND SOUTHERN Maryland.

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

(b) Based on the adjustments allowed under subsection (a)(2) of this section, a carrier may charge a rate that is:

(1) 50% above or below the community rate for any health benefit plan issued, delivered, or renewed between July 1, 1994 and June 30, 1995;

(2) 40% above or below the community rate for any health benefit plan issued, delivered, or renewed between July 1, 1995 and June 30, 1996;

(3) 33% above or below the community rate for all health benefit plans issued, delivered, or renewed between July 1, 1996 and June 30, 1997; and

(4) 16% above or below the community rate for all health benefit plans issued, delivered, or renewed after July 1, 1997.

## 702A.

(A) EACH CARRIER SHALL ESTABLISH AN ENROLLMENT PROCESS IN ACCORDANCE WITH THIS SECTION.