

[(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.]

(3) ~~(4)~~ THE COMMISSION SHALL EXCLUDE OR LIMIT BENEFITS OR ADJUST COST-SHARING ARRANGEMENTS IN THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN IF 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, EXCEEDS 12 PERCENT OF THIS STATE'S AVERAGE ANNUAL WAGE.

~~(H) THE COMMISSION MAY REVIEW THE PLAN PERIODICALLY AND MAY MAKE CHANGES IT DEEMS APPROPRIATE.~~

(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.

(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:

- (1) Include cost-sharing and other incentives to help prevent consumers from seeking unnecessary services;
- (2) Balance the effect of the cost-sharing in reducing premiums and in affecting utilization of appropriate services; and
- (3) Limit the total cost-sharing that may be incurred by an individual in a year.

701.

(b) Notwithstanding subsection (a) of this section, a late enrollee may be subject to a 12-month preexisting condition provision OR SUBJECT TO A WAITING PERIOD UNTIL THE NEXT OPEN ENROLLMENT PERIOD NOT TO EXCEED A 12-MONTH PERIOD.

704.

(a) (1) A carrier shall issue its health benefit plans to any small employer that meets the requirements of this subsection.