

(j) (1) "Mandated benefit" means a statute in this article or in the Health - General Article that would require a particular health care service, benefit, coverage, or reimbursement for covered health care services to be provided or offered in a health benefit plan issued or delivered in the State by a carrier.

(2) "Mandated benefit" includes a statute that would require a health benefit plan that provides reimbursement for a service to provide reimbursement for that service when performed by any health care provider who is licensed under the [Health - General] HEALTH OCCUPATIONS Article and whose scope of practice includes that service.

704.

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

(2) To be covered under a health benefit plan offered by a carrier, a group or individual shall:

(i) Elect to be covered under the plan;

(ii) Agree to make the required premium payments; and

(iii) Satisfy the other reasonable provisions of the plan as approved by the Commissioner.

(3) Any requirement used by a carrier in determining whether to provide coverage to a group, including requirements for minimum participation of the group, shall be applied uniformly among all groups with the same number of members applying for coverage or receiving coverage from the carrier.

(4) A carrier may only vary application of minimum participation of group members by the size of the group.

(5) A carrier may not require minimum employer contributions.

(6) ANY BENEFITS ADDED TO THE STANDARD BENEFIT PLAN BY A RIDER SHALL BE SUBJECT TO THE SAME REQUIREMENTS AS THE STANDARD BENEFIT PLAN ITSELF CONCERNING:

(I) GUARANTEED ISSUANCE;

(II) GUARANTEED RENEWAL;

(III) ADJUSTED COMMUNITY RATING;

(IV) THE PROHIBITION ON PRE-EXISTING CONDITION LIMITATIONS; AND

(V) ANY OTHER PROVISIONS THE COMMISSIONER DETERMINES ARE NECESSARY TO ACHIEVE THE PURPOSES OF THIS SUBTITLE.