

~~(C) A PARTICIPATING CARRIER MAY NOT OFFER THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN OUTSIDE THE REGIONAL HEALTH COOPERATIVE UNLESS IT ALSO MARKETS THAT HEALTH BENEFIT PLAN THROUGH THE REGIONAL HEALTH COOPERATIVE.~~

~~(D) A PARTICIPATING CARRIER MAY USE REINSURANCE AND OTHER APPROPRIATE MECHANISMS TO SHARE A PORTION OF THE RISK.~~

~~(E) (1) EXCEPT FOR HEALTH BENEFITS OFFERED TO EMPLOYERS WHO ARE EXEMPT UNDER SUBSECTION 736 OF THIS ARTICLE FROM THE REQUIREMENT TO OFFER A HEALTH BENEFIT PLAN, A PARTICIPATING CARRIER SHALL OFFER ONLY THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN. HOWEVER, WITH THE APPROVAL OF THE COMMISSIONER, PARTICIPATING CARRIERS MAY OFFER SUPPLEMENTAL BENEFITS.~~

~~(2) THE HEALTH CARE ACCESS AND COST COMMISSION, BY REGULATION, MAY MODIFY THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN FOR THE INDIVIDUAL MARKET IF THE HEALTH CARE ACCESS AND COST COMMISSION FINDS THE PREMIUM RATES FOR THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN LIMIT ACCESS TO HEALTH CARE BENEFITS.~~

~~(F) (1) PARTICIPATING CARRIERS, AT LEAST ANNUALLY AND AT A TIME DETERMINED JOINTLY BY ALL OF THE REGIONAL HEALTH COOPERATIVES, SHALL PARTICIPATE IN A COMMON OPEN ENROLLMENT PERIOD FOR AT LEAST 45 DAYS FOR THE BENEFIT OF ENROLLEES COVERED BY THE PROGRAM.~~

~~(2) THE COMMISSIONER MAY DETERMINE THE TIME FOR THE COMMON OPEN ENROLLMENT PERIOD IF THE REGIONAL HEALTH COOPERATIVES CANNOT AGREE ON A TIME.~~

744. PREEXISTING CONDITIONS.

~~(A) (1) FOR EMPLOYEES OF EMPLOYERS WITH MORE THAN 50 EMPLOYEES, ON AND AFTER JANUARY 1, 1995, A CARRIER MAY NOT LIMIT COVERAGE UNDER A HEALTH BENEFIT PLAN FOR A PREEXISTING CONDITION.~~

~~(2) FOR EMPLOYEES OF EMPLOYERS WITH AT LEAST TWO BUT NOT MORE THAN 50 EMPLOYEES, PREEXISTING CONDITIONS SHALL BE GOVERNED BY SUBTITLE 55 OF THIS SUBTITLE.~~

~~(3) (1) FOR INDIVIDUALS WHO ARE NOT ELIGIBLE EMPLOYEES OF A MEMBER EMPLOYER, CARRIERS MAY LIMIT COVERAGE UNDER ANY HEALTH BENEFIT PLAN UNDER A PREEXISTING CONDITION PROVISION, BUT ONLY FOR A PERIOD NOT EXCEEDING 6 MONTHS FROM THE EFFECTIVE DATE OF COVERAGE FOR ANY ENROLLEE, FOR ANY PREEXISTING CONDITION THAT EXISTED WITHIN THE 6 MONTHS PRECEDING THE DATE OF COVERAGE FOR THE ENROLLEE UNDER THE HEALTH BENEFIT PLAN.~~