

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 698(f).

The term "Standard Plan" is substituted for the former defined term "Comprehensive Standard Health Benefit Plan" for brevity.

Defined term: "Commission" § 15-1201

15-1202. SCOPE OF SUBTITLE.

THIS SUBTITLE APPLIES ONLY TO A HEALTH BENEFIT PLAN THAT:

(1) COVERS ELIGIBLE EMPLOYEES OF SMALL EMPLOYERS IN THE STATE; AND

(2) IS ISSUED OR RENEWED ON OR AFTER JULY 1, 1994, IF:

(I) ANY PART OF THE PREMIUM OR BENEFITS IS PAID BY OR ON BEHALF OF THE SMALL EMPLOYER;

(II) ANY ELIGIBLE EMPLOYEE OR DEPENDENT IS REIMBURSED, THROUGH WAGE ADJUSTMENTS OR OTHERWISE, BY OR ON BEHALF OF THE SMALL EMPLOYER FOR ANY PART OF THE PREMIUM;

(III) THE HEALTH BENEFIT PLAN IS TREATED BY THE EMPLOYER OR ANY ELIGIBLE EMPLOYEE OR DEPENDENT AS PART OF A PLAN OR PROGRAM UNDER THE UNITED STATES INTERNAL REVENUE CODE, 26 U.S.C. § 106, § 125, OR § 162; OR

(IV) THE SMALL EMPLOYER ALLOWS ELIGIBLE EMPLOYEES TO PAY FOR THE HEALTH BENEFIT PLAN THROUGH PAYROLL DEDUCTIONS.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 698A.

Subsections (a) and (b) of former Art. 48A, § 698A are consolidated in this section to avoid redundancy.

The scope of this subtitle has been further modified by Ch. 501, §§ 4 and 5, Acts of 1995. Section 4, as amended by Ch. 288, Acts of 1996, provides that this subtitle "does not apply to the renewal of any health benefit plan that was issued prior to July 1, 1996 to a self-employed individual by an authorized insurer that does not have any health benefit plan in force on or after July 1, 1996 that provides coverage to a small employer". Section 5 provides that this subtitle "does not apply to any health benefit plan issued or renewed to any self-employed individual who purchases health insurance coverage as an individual member of a group whose membership is not related to employment, whose purpose is not solely the provision of insurance coverage, and which has been in existence prior to July 1, 1994, providing individual health insurance coverage to its members".

In item (2)(iv) of this section, the reference to allowing eligible employees to "pay" for the health benefit plan is added for clarity.