

Similarly, in subsection (c)(3) of this section, the former phrase "with respect to a small employer", which modified "minimum participation requirement" is deleted.

Also in subsection (c)(3) of this section, the former reference to "dependents", which was included in a prohibition against considering them in applying minimum participation requirements, is deleted as unnecessary. Minimum participation requirements only apply to eligible employees and not to dependents.

In subsection (d) of this section, the former definition of "actuarial certification" is consolidated into the substantive provision because the defined term was used only once under former law.

In subsection (e)(2)(i) of this section, the reference to "information and documentation" is substituted for the former reference to "documents and certifications" for consistency within this subsection.

Defined terms: "Carrier" § 15-1201

"Commissioner" § 1-101

"Eligible employee" § 15-1201

"Health benefit plan" § 15-1201

"Health insurance" § 1-101

"Person" § 1-101

"Policy" § 1-101

"Preexisting condition" § 15-1201

"Premium" § 1-101

"Small employer" § 15-1201

"Standard Plan" § 15-1201

#### 15-1207. COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN.

##### (A) IN GENERAL.

THE COMMISSION SHALL ADOPT REGULATIONS THAT SPECIFY THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN TO APPLY UNDER THIS SUBTITLE, IN ACCORDANCE WITH TITLE 19, SUBTITLE 15 OF THE HEALTH - GENERAL ARTICLE.

##### (B) MINIMUM BENEFITS.

THE COMMISSION SHALL REQUIRE THAT THE MINIMUM BENEFITS ALLOWED TO BE OFFERED IN THE STANDARD PLAN:

(1) BY A HEALTH MAINTENANCE ORGANIZATION, SHALL INCLUDE AT LEAST THE ACTUARIAL EQUIVALENT OF THE MINIMUM BENEFITS REQUIRED TO BE OFFERED BY A FEDERALLY QUALIFIED HEALTH MAINTENANCE ORGANIZATION; AND