

In subsection (b)(1) of this section, the former reference to "required" premiums is deleted as implicit since premiums are required to be paid under a contract for health benefits.

In subsection (b)(3) of this section, the former word "other", which seemed to limit the reference to "reasonable provisions" the noncompliance of which would result in cancellation, is deleted as misleading. Only item (3) in the enumerated list refers to "reasonable provisions ... approved by the Commissioner".

Defined terms: "Carrier" § 15-1201
 "Commissioner" § 1-101
 "Eligible employee" § 15-1201
 "Health benefit plan" § 15-1201
 "Insurance" § 1-101
 "Premium" § 1-101
 "Small employer" § 15-1201
 "State" § 1-101

15-1213. BENEFITS ADDITIONAL TO STANDARD PLAN.

(A) SCOPE OF SECTION.

THIS SECTION DOES NOT APPLY TO ANY INSURANCE ENUMERATED IN § 15-1201(F)(3)(I) THROUGH (XIII) OF THIS SUBTITLE.

(B) INCREASE IN ACCESS OR DECREASE IN COST-SHARING.

EACH BENEFIT OFFERED IN ADDITION TO THE STANDARD PLAN THAT INCREASES ACCESS TO CARE CHOICES OR LOWERS THE COST-SHARING ARRANGEMENT IN THE STANDARD PLAN IS SUBJECT TO ALL OF THE PROVISIONS OF THIS SUBTITLE APPLICABLE TO THE STANDARD PLAN, INCLUDING:

- (1) GUARANTEED ISSUANCE;
- (2) GUARANTEED RENEWAL;
- (3) ADJUSTED COMMUNITY RATING; AND
- (4) THE PROHIBITION ON PREEXISTING CONDITION LIMITATIONS.

(C) INCREASE IN TYPE OR FREQUENCY OF SERVICES.

(1) EACH BENEFIT OFFERED IN ADDITION TO THE STANDARD PLAN THAT INCREASES THE TYPE OF SERVICES AVAILABLE OR THE FREQUENCY OF SERVICES IS NOT SUBJECT TO GUARANTEED ISSUANCE BUT IS SUBJECT TO ALL OTHER PROVISIONS OF THIS SUBTITLE APPLICABLE TO THE STANDARD PLAN, INCLUDING:

- (I) GUARANTEED RENEWAL;
- (II) ADJUSTED COMMUNITY RATING; AND
- (III) THE PROHIBITION ON PREEXISTING CONDITION LIMITATIONS.