premiums is deleted as implicit since premiums are required to be paid under a contract for health benefits.

The Insurance Article Review Committee notes, for consideration by the General Assembly, that it is not clear whether subsection (b) of this section applies to the nonrenewal of all of a carrier's health benefit plans or to the nonrenewal of a particular health benefit plan. There is also some duplication and possible conflict between subsections (b) and (c) of this section. In addition, in subsection (c) of this section, the terms "eligible employee" and "small employer" are used even though they are not defined in these sections that are effective subject to the contingencies in Ch. 9, Acts of 1993. The use of the defined terms "eligible individual" and "employer" would seem to better reflect the intent of the General Assembly.

Defined terms: "Carrier" § 1

"Commissioner" IN § 1-101

"Employer" § 1

"Health benefit plan" § 1

"Insurance" IN § 1-101

"Premium" IN § 1-101

"State" IN § 1-101

11. Benefits additional to Standard Plan.

Each benefit added to the Standard Plan by a rider shall be subject to all of the provisions of this subheading applicable to the Standard Plan, including:

- (1) guaranteed issuance;
- (2) guaranteed renewal;
- (3) adjusted community rating;
- (4) the prohibition on preexisting condition limitations; and
- (5) any other provisions the Commissioner determines are necessary to achieve the purposes of this subheading.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, § 704(a)(6) (effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994).

In the introductory language of this section, the reference to "all of the provisions of this subheading applicable to" the Standard Plan is substituted for the former reference to "the same requirements as" the Standard Plan for clarity.

Defined terms: "Commissioner" IN § 1-101 "Preexisting condition" § 1 "Standard Plan" § 1