

(I) A HIGH LEVEL AND LOW LEVEL POLICY FORM, EACH OF WHICH INCLUDES BENEFITS SUBSTANTIALLY SIMILAR TO OTHER INDIVIDUAL HEALTH INSURANCE COVERAGE OFFERED BY THE CARRIER IN THIS STATE; OR

(II) POLICY FORMS WITH THE LARGEST AND NEXT TO LARGEST PREMIUM VOLUME OF ALL POLICY FORMS OFFERED BY THE CARRIER IN THIS STATE; AND

(2) AN ELECTION WHETHER TO USE THE WEIGHTED AVERAGE VALUATION DESCRIBED IN § 752(T)(1)(I) OR (II) OF THIS SUBTITLE.

(B) (1) AN ELECTION MADE UNDER THIS SECTION SHALL BE BINDING FOR A 2-YEAR PERIOD.

(2) AFTER THE INITIAL 2-YEAR PERIOD, AND FOR EACH SUBSEQUENT 2-YEAR PERIOD, CARRIERS SHALL AGAIN MAKE THE ELECTIONS REQUIRED BY THIS SECTION.

(3) AN ELECTION SHALL BE MADE ON A FORM AND IN A MANNER REQUIRED BY THE COMMISSIONER.

758.

(A) THE ACTUARIAL VALUE OF BENEFITS PROVIDED UNDER INDIVIDUAL HEALTH INSURANCE COVERAGE SHALL BE CALCULATED BASED ON A STANDARDIZED POPULATION AND A SET OF STANDARDIZED UTILIZATION AND COST FACTORS.

(B) A CARRIER SHALL SUBMIT ANY INFORMATION THE COMMISSIONER MAY REQUIRE TO SUPPORT AND JUSTIFY THE CARRIER'S CALCULATIONS OF ACTUARIAL VALUES.

759.

(A) SUBJECT TO SUBSECTIONS (C) AND (G) OF THIS SECTION, A CARRIER SHALL ISSUE THE INDIVIDUAL HEALTH BENEFIT PLAN ELECTED UNDER § 756 OR § 757(A)(1) OF THIS SUBTITLE TO ANY ELIGIBLE INDIVIDUAL.

(B) (1) A CARRIER MAY NOT LIMIT COVERAGE UNDER ANY INDIVIDUAL HEALTH BENEFIT PLAN ISSUED TO AN ELIGIBLE INDIVIDUAL UNDER A PREEXISTING CONDITION PROVISION.

(2) A CARRIER MAY IMPOSE A PREEXISTING CONDITION PROVISION ON AN INDIVIDUAL WHO HAS HAD A PERIOD OF AT LEAST 63 DAYS DURING ALL OF WHICH THE INDIVIDUAL WAS NOT COVERED UNDER ANY CREDITABLE COVERAGE AND WHO WOULD OTHERWISE HAVE BEEN AN ELIGIBLE INDIVIDUAL.

(C) A CARRIER MAY REFUSE TO ISSUE AN INDIVIDUAL HEALTH BENEFIT PLAN TO AN ELIGIBLE INDIVIDUAL, IF THE CARRIER DEMONSTRATES TO THE SATISFACTION OF THE COMMISSIONER THAT:

(1) IT DOES NOT HAVE THE POLICYHOLDER SURPLUS NECESSARY TO UNDERWRITE ADDITIONAL COVERAGE; AND