

PLAN, INCLUDING THE IDENTIFICATION OF ALL REVENUE AND COST ITEMS, TO the Secretary and the Maryland Insurance Administration.

(b) The carrier is not required, in providing the Plan, to offer any other benefit otherwise required under Title 19, Subtitle 7 of this article or Title 15, Subtitle 8 of the Insurance Article.

15-603.

(a) The Plan provided under this subtitle shall:

(1) Throughout the 2-year contract period, provide benefits to not more than [15,000] 50,000 enrollees at any one time who are eligible individuals [and who reside in any of the medically underserved counties or portions of counties];

(2) Set the monthly premium charged an enrollee at [\\$40] \$10;

(3) Set the deductible charged an enrollee at \$50 per year per individual;

(4) Limit the co-pay charged an enrollee to:

(i) \$10 for a prescription for a generic drug;

(ii) \$20 for a prescription for a preferred brand name drug; and

(iii) \$35 for a prescription for a nonpreferred brand name drug; and

(5) [Limit] SUBJECT TO SUBSECTION (D) OF THIS SECTION, LIMIT the total annual benefit to [\\$1,000] \$1,200 per individual.

(b) The Plan may include a restricted formulary of experimental drugs not approved by the federal Food and Drug Administration for general use that will not be reimbursed.

(c) [(1) During the first 180 days of the operation of the Plan, the carrier may enroll only eligible individuals who were:

(i) Enrolled in Medicare Plus Choice managed care programs in medically underserved counties or portions of counties on or before December 31, 1999; and

(ii) After December 31, 1999, ceased to be enrolled in those plans.

(2) On and after the 181st day of the operation of the Plan, the carrier may enroll any eligible individual.

(3) The carrier shall work with the Secretary and the Maryland Department of Aging to provide notice, through the written and electronic media and other means, to the eligible individuals eligible for enrollment in the first 180 days of the operation of the Plan, of the availability of the Plan and of the enrollment preference to be granted.] EFFECTIVE JULY 1, 2001, FOR THE YEAR BEGINNING JULY 1, 2001, THE CARRIER SHALL DISREGARD ALL BENEFIT AMOUNTS REALIZED UNDER