

(D) (1) IN ADDITION TO THE OPERATION AND ADMINISTRATION OF THE PLAN, THE FUND SHALL BE USED FOR THE OPERATION AND ADMINISTRATION OF THE SENIOR PRESCRIPTION DRUG PROGRAM ESTABLISHED UNDER PART II OF THIS SUBTITLE.

(2) THE BOARD SHALL MAINTAIN SEPARATE ACCOUNTS WITHIN THE FUND FOR THE SENIOR PRESCRIPTION DRUG PROGRAM AND THE MARYLAND HEALTH INSURANCE PLAN.

(3) ACCOUNTS WITHIN THE FUND SHALL CONTAIN THOSE MONEYS THAT ARE INTENDED TO SUPPORT THE OPERATION OF THE PROGRAM FOR WHICH THE ACCOUNT IS DESIGNATED.

(E) A DEBT OR OBLIGATION OF THE PLAN IS NOT A DEBT OF THE STATE OR A PLEDGE OF CREDIT OF THE STATE.

14-505.

(A) (1) ~~THE MARYLAND HEALTH CARE COMMISSION BOARD~~ SHALL ESTABLISH A STANDARD BENEFIT PACKAGE TO BE OFFERED BY THE PLAN.

(2) ~~THE MARYLAND HEALTH CARE COMMISSION BOARD~~ MAY EXCLUDE FROM THE BENEFIT PACKAGE:

(I) A HEALTH CARE SERVICE, BENEFIT, COVERAGE, OR REIMBURSEMENT FOR COVERED HEALTH CARE SERVICES THAT IS REQUIRED UNDER THIS ARTICLE OR THE HEALTH - GENERAL ARTICLE TO BE PROVIDED OR OFFERED IN A HEALTH BENEFIT PLAN THAT IS ISSUED OR DELIVERED IN THE STATE BY A CARRIER; OR

(II) REIMBURSEMENT REQUIRED BY STATUTE, BY A HEALTH BENEFIT PLAN FOR A SERVICE WHEN THAT SERVICE IS PERFORMED BY A HEALTH CARE PROVIDER WHO IS LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE AND WHOSE SCOPE OF PRACTICE INCLUDES THAT SERVICE.

(B) (1) THE BOARD SHALL ESTABLISH A PREMIUM RATES RATE FOR THE PLAN COVERAGE SUBJECT TO REVIEW AND APPROVAL BY THE COMMISSIONER.

(2) THE PREMIUM RATE MAY VARY ONLY ON THE BASIS OF FAMILY COMPOSITION.

(C) (1) THE BOARD SHALL DETERMINE A STANDARD RISK RATE BY CONSIDERING THE PREMIUM RATES CHARGED BY CARRIERS IN THE STATE FOR COVERAGE COMPARABLE TO THAT OF THE PLAN.

(2) ~~(A)~~ THE PREMIUM RATES RATE FOR PLAN COVERAGE:

(I) MAY NOT BE LESS THAN 110% OF THE RATES STANDARD RISK RATE ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION; AND.

(II) ~~PLAN RATES SHALL~~ MAY NOT EXCEED 200% OF THE RATES ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION STANDARD RISK RATE.