

(1) [specifying] SPECIFYING the comprehensive standard health benefit plan to apply under Title 15, Subtitle 12 of the Insurance Article; AND

(2) SPECIFYING THE LIMITED HEALTH BENEFIT PLAN TO APPLY UNDER TITLE 15, SUBTITLE 12 OF THE INSURANCE ARTICLE.

### Article - Insurance

15-1201.

(a) In this subtitle the following words have the meanings indicated.

(1) "LIMITED BENEFIT PLAN" MEANS THE LIMITED HEALTH BENEFIT PLAN ADOPTED BY THE COMMISSION IN ACCORDANCE WITH § 15-1207 OF THIS SUBTITLE AND TITLE 19, SUBTITLE 1 OF THE HEALTH - GENERAL ARTICLE.

15-1204.

~~(b) [A] EXCEPT FOR THE LIMITED PLAN, A person may not offer a health benefit plan in the State unless the person offers at least the Standard Plan.~~

(c) [A] EXCEPT FOR THE LIMITED BENEFIT PLAN, A carrier may not offer a health benefit plan that has fewer benefits than those in the Standard Plan.

~~(G) A CARRIER MAY OFFER THE LIMITED PLAN ONLY TO A SMALL EMPLOYER THAT:~~

~~(1) HAS NOT PROVIDED A HEALTH BENEFIT PLAN DURING THE 24 MONTH PERIOD PRECEDING THE DATE OF APPLICATION OR, IF THE SMALL EMPLOYER HAS EXISTED FOR LESS THAN 12 MONTHS, FROM THE DATE THE SMALL EMPLOYER COMMENCED ITS BUSINESS; AND~~

~~(2) PAYS ITS EMPLOYEES AN AVERAGE WAGE UNDER 200% OF THE FEDERAL POVERTY LEVEL.~~

15-1207.

(a) In accordance with Title 19, Subtitle 1 of the Health - General Article, the Commission shall adopt regulations that specify:

(1) the Comprehensive Standard Health Benefit Plan to apply under this subtitle; [and]

(2) THE LIMITED HEALTH BENEFIT PLAN TO APPLY UNDER THIS SUBTITLE; AND

[(2)] (3) a modified health benefit plan for medical savings accounts that qualify under the federal Health Insurance Portability and Accountability Act of 1996, including:

(i) a waiver of deductibles as permitted under federal law;

(ii) minimum funding standards for medical savings accounts; and