

(iii) authorization for offering the modified plan only by those persons who offer the Comprehensive Standard Health Benefit Plan adopted in accordance with item (1) of this subsection.

(b) The Commission shall require that the minimum benefits allowed to be offered in the Standard Plan:

(1) by a health maintenance organization, shall include at least the actuarial equivalent of the minimum benefits required to be offered by a federally qualified health maintenance organization; and

(2) by an insurer or nonprofit health service plan on an expense-incurred basis, shall be actuarially equivalent to at least the minimum benefits required to be offered under item (1) of this subsection.

~~(c) THE COMMISSION SHALL REQUIRE THAT THE BENEFITS ALLOWED TO BE OFFERED IN THE LIMITED PLAN SHALL INCLUDE:~~

~~(1) INPATIENT HOSPITALIZATION COVERAGE FOR:~~

~~(I) THE FIRST 10 DAYS OF INPATIENT HOSPITAL AND PROFESSIONAL SERVICES COVERAGE PER YEAR, WHETHER FOR MENTAL OR PHYSICAL ILLNESS; OR~~

~~(II) THE FIRST 10 DAYS OF INPATIENT HOSPITAL AND PROFESSIONAL SERVICES COVERAGE PER YEAR FOR PHYSICAL ILLNESS ONLY;~~

~~(2) TEN OFFICE VISITS WITH A LICENSED HEALTH CARE PROVIDER FOR EACH INSURED PER YEAR FOR PREVENTIVE CARE AND THE DIAGNOSIS AND TREATMENT OF ANY ILLNESS OR INJURY, INCLUDING REASONABLE COVERAGE OF MEDICALLY NECESSARY LABORATORY AND DIAGNOSTIC PROCEDURES;~~

~~(3) OUTPATIENT SURGICAL PROCEDURES PROVIDED IN A HOSPITAL OR FREESTANDING AMBULATORY SURGICAL FACILITY;~~

~~(4) REASONABLE COVERAGE OF PRENATAL CARE, INCLUDING:~~

~~(I) FOR PRENATAL OFFICE VISITS, A MINIMUM OF:~~

~~1. ONE VISIT PER MONTH DURING THE FIRST TWO TRIMESTERS OF PREGNANCY;~~

~~2. TWO VISITS PER MONTH DURING THE 7TH AND 8TH MONTHS OF PREGNANCY; AND~~

~~3. ONE VISIT PER WEEK DURING THE 9TH MONTH AND UNTIL TERM; AND~~

~~(II) ALL NECESSARY AND APPROPRIATE SCREENINGS, PHYSICAL EXAMINATIONS, LABORATORY AND DIAGNOSTIC PROCEDURES, AND PRENATAL COUNSELING THAT A LICENSED HEALTH CARE PROVIDER DETERMINES ARE NECESSARY;~~