- (i) elect to be covered;
- (ii) agree to pay the premiums;
- when coverage is sought by the eligible employee, in accordance with provisions governing late enrollees and any other provisions of this subtitle that apply to coverage;
- (iv) agree to collect payments for premiums through payroll deductions for coverage of eligible employees and dependents and transmit those payments to the carrier; and
- (v) satisfy other reasonable provisions of the health benefit plan as approved by the Commissioner.
- [(d)](F) (1) In determining whether a small employer satisfies the requirements of this section, a carrier shall apply its requirements uniformly among all small employers with the same number of eligible employees who apply for or receive coverage from the carrier, including a requirement that a minimum percentage of eligible employees of the small employer participate in the health benefit plan.
- (2) A carrier may vary application of minimum participation of eligible employees only by the size of the group of the small employer.
- [(e)] (G) A carrier may not require a small employer to contribute to payment of premiums for a health benefit plan.

15-1213.

- (a) This section does not apply to any insurance enumerated in § 15-1201(f)(3)(i) through (xiii) of this subtitle.
- (b) Each benefit offered in addition to the Standard Plan that increases access to care choices or lowers the cost-sharing arrangement in the Standard Plan is subject to all of the provisions of this subtitle applicable to the Standard Plan, including:
 - (1) guaranteed issuance;
 - (2) guaranteed renewal;
 - (3) adjusted community rating; and
 - (4) the prohibition on preexisting condition limitations.
- (c) (1) Each benefit offered in addition to the Standard Plan that increases the type of services available or the frequency of services is not subject to guaranteed issuance but is subject to all other provisions of this subtitle applicable to the Standard Plan, including:
 - (i) guaranteed renewal;