

~~(ii) indicates the Standard Plan is the only plan required by State law; and~~

~~(iii) specifies that all enhancements to the Standard Plan are not required by State law.~~

~~(c) Notwithstanding subsection (b) of this section, a health maintenance organization may provide a point of service delivery system as an additional benefit through another carrier regardless of whether the other carrier also offers the Standard Plan.~~

~~(f) A carrier may offer coverage for dental care and services as an additional benefit.~~

~~(g) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SUBTITLE, A CARRIER MAY OFFER A HEALTH BENEFIT PLAN PREFERRED PROVIDER OPTION WITH IN-NETWORK AND OUT-OF-NETWORK DEDUCTIBLES OR OUT-OF-POCKET MAXIMUMS THAT DIFFER FROM THE STANDARD PLAN IF:~~

~~(1) THE ARITHMETIC TOTAL OF THE IN-NETWORK PLUS OUT-OF-NETWORK DEDUCTIBLE OR OUT-OF-POCKET MAXIMUMS IS GREATER THAN THE COMBINED IN-NETWORK AND OUT-OF-NETWORK DEDUCTIBLE OR OUT-OF-POCKET MAXIMUMS OF THE STANDARD PLAN; AND~~

~~(2) THE VALUE OF THE HEALTH BENEFIT PLAN EXCEEDS THE VALUE OF THE STANDARD PLAN.~~

15-1205.

(a) (1) In establishing a community rate for a health benefit plan, a carrier shall use a rating methodology that is based on the experience of all risks covered by that health benefit plan without regard to health status or occupation or any other factor not specifically authorized under this subsection.

(2) A carrier may adjust the community rate only for:

(i) age; and

(ii) geography based on the following contiguous areas of the

State:

1. the Baltimore metropolitan area;

2. the District of Columbia metropolitan area;