**Section 2210.510 Program Requirements**

a) The Program shall be designed by the Director and administered by the Agency to provide benefits on an equitable basis, to the extent possible, to all Members throughout the State.

b) The Program may include reasonable controls, including but not limited to Member copayments, coinsurance, and deductibles, to prevent or minimize unnecessary utilization of covered services and to ensure continued stability of the Program.

c) The Director shall, in accordance with statutory requirements, determine the level of benefits to be provided by the Program and each health plan offered through the Program.

d) The Program, in accordance with Section 6(a) of the Act, shall provide for basic hospital and medical/surgical coverage. The Program may also include, but is not limited to, benefits such as behavioral health coverage, prescription drug coverage, dental coverage, vision coverage, and other group benefits that are now or may become available.

e) The Program and any health plan offered under the Program may be modified or amended at any time by the Director. Modifications or amendments to any material provision of the Program or any health plan shall become effective no earlier than 60 days following notice of such modification or amendment being issued by the Agency.