

Article - Insurance

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§14–501. IN EFFECT

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

(b) “Administrator” means:

(1) a person that is registered as an administrator under Title 8, Subtitle 3 of this article; or

(2) a carrier as defined under subsection (d) of this section.

(c) “Board” means the Board of Directors for the Maryland Health Insurance Plan.

(c–1) (1) “Bridge eligible individual” means an individual who:

(i) is a qualified individual as defined in § 31–101 of this article; and

(ii) 1. provides evidence that the individual has attempted to obtain insurance through the Maryland Health Benefit Exchange and was unsuccessful in enrolling in coverage; or

2. is a dependent as defined in § 15–1316 of this article.

(2) “Bridge eligible individual” does not include an individual who is eligible for coverage under:

(i) the federal Medicare program;

(ii) the Maryland Medical Assistance Program;

(iii) the Maryland Children’s Health Program; or

(iv) an employer–sponsored group health insurance plan that includes benefits comparable to Plan benefits.

(d) “Carrier” means:

(1) an authorized insurer that provides health insurance in the State;

(2) a nonprofit health service plan that is licensed to operate in the State;
or

(3) a health maintenance organization that is licensed to operate in the State.

(e) “Creditable coverage” has the meaning stated in § 15–1301 of this article.

(f) “Eligible individual” has the meaning stated in § 15–1301 of this article.

(g) “Fund” means the Maryland Health Insurance Plan Fund.

(h) (1) “Medically uninsurable individual” means an individual who is a resident of the State and who:

(i) provides evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual;

(ii) provides evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual, except at a rate that exceeds the Plan rate;

(iii) satisfies the definition of “eligible individual” under § 15–1301 of this article;

(iv) has a history of or suffers from a medical or health condition that is included on a list promulgated in regulation by the Board;

(v) is eligible for the tax credit for health insurance costs under § 35 of the Internal Revenue Code;

(vi) is a dependent of an individual who is eligible for coverage under this subsection; or

(vii) satisfies the eligibility requirements established by federal law to enroll in a national temporary high risk pool program that is:

1. established by the Secretary of Health and Human Services;
and

2. administered by the Plan for the State.

(2) “Medically uninsurable individual” does not include an individual who is eligible for coverage under:

(i) the federal Medicare program;

(ii) unless the individual is eligible for a subsidy of Plan costs provided by the Department of Health and Mental Hygiene under a Medicaid waiver program, the Maryland Medical Assistance Program;

(iii) the Maryland Children’s Health Program; or

(iv) an employer–sponsored group health insurance plan that includes benefits comparable to Plan benefits, unless the individual is eligible for the

tax credit for health insurance costs under § 35 of the Internal Revenue Code.

(i) “Medicare Part D coverage gap” means the gap in coverage under Medicare Part D:

(1) above the initial coverage limit and before catastrophic coverage begins; and

(2) during which an individual enrolled in Medicare Part D is responsible for 100% coinsurance costs.

(j) “Plan” means the Maryland Health Insurance Plan.

(k) “Plan of operation” means the articles, bylaws, and operating rules and procedures adopted by the Board in accordance with § 14–503 of this subtitle.

14–501. // EFFECTIVE JUNE 30, 2015 PER CHAPTER 1 OF 2014 //

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

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(1) a person that is registered as an administrator under Title 8, Subtitle 3 of this article; or

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(vii) satisfies the eligibility requirements established by federal law to enroll in a national temporary high risk pool program that is:

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14–501. ** CONTINGENCY – NOT IN EFFECT – CHAPTER 173 OF 2010 **

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(ii) provides evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual, except at a rate that exceeds the Plan rate;

(iii) satisfies the definition of “eligible individual” under § 15–1301 of this article;

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