

~~(C) A CARRIER THAT OFFERS COVERAGE TO A GROUP SHALL OFFER COVERAGE TO ALL OF ITS MEMBERS.~~

~~(D) (1) A HEALTH MAINTENANCE ORGANIZATION NEED NOT OFFER COVERAGE:~~

~~(I) TO AN INDIVIDUAL OR GROUP THAT IS NOT LOCATED IN THE HEALTH MAINTENANCE ORGANIZATION'S APPROVED SERVICE AREAS;~~

~~(II) TO A MEMBER OF A GROUP WHO DOES NOT RESIDE WITHIN THE HEALTH MAINTENANCE ORGANIZATION'S APPROVED SERVICE AREAS; OR~~

~~(III) WITHIN AN AREA WHERE THE HEALTH MAINTENANCE ORGANIZATION REASONABLY ANTICIPATES, AND DEMONSTRATES TO THE SATISFACTION OF THE REGIONAL HEALTH COOPERATIVE AND THE COMMISSIONER, THAT IT WILL NOT HAVE THE CAPACITY WITHIN THE AREA IN ITS NETWORK OF PROVIDERS TO DELIVER SERVICE ADEQUATELY BECAUSE OF ITS OBLIGATIONS TO EXISTING GROUP CONTRACT HOLDERS AND ENROLLEES.~~

~~(2) A PARTICIPATING CARRIER THAT DISCONTINUES OFFERING COVERAGE UNDER PARAGRAPH (1)(III) OF THIS SUBSECTION MAY NOT OFFER COVERAGE IN THAT REGIONAL AREA TO NEW INDIVIDUALS OR NEW ELIGIBLE EMPLOYEES UNTIL THE LATER OF 180 DAYS FOLLOWING THE DATE OF THE LATEST REFUSAL TO OFFER COVERAGE OR THE DATE ON WHICH THE PARTICIPATING CARRIER NOTIFIES THE REGIONAL HEALTH COOPERATIVE THAT IT HAS REGAINED CAPACITY TO DELIVER SERVICES TO EMPLOYER GROUPS. THE DATE MAY NOT BE LESS THAN 120 DAYS AFTER THE LAST DAY OF AN OPEN ENROLLMENT PERIOD, DETERMINED BY THE REGIONAL HEALTH COOPERATIVE FOR THE PROGRAM.~~

~~(3) A HEALTH MAINTENANCE ORGANIZATION THAT DOES NOT OFFER COVERAGE UNDER PARAGRAPH (1)(III) OF THIS SUBSECTION MAY NOT OFFER COVERAGE IN THE APPLICABLE AREA TO ANY INDIVIDUALS OR GROUPS UNTIL THE LATER OF 180 DAYS FOLLOWING ANY REFUSAL TO DO SO, OR THE DATE ON WHICH THE CARRIER NOTIFIES THE COMMISSIONER THAT IT HAS REGAINED CAPACITY TO DELIVER SERVICES TO INDIVIDUALS OR GROUPS.~~

~~(E) A CARRIER MAY NOT BE REQUIRED TO OFFER COVERAGE UNDER SUBSECTION (A) OF THIS SECTION FOR SO LONG AS THE COMMISSIONER FINDS THAT THE COVERAGE WOULD PLACE THE CARRIER IN A FINANCIALLY IMPAIRED CONDITION.~~

749. RENEWAL OF HEALTH BENEFIT PLANS.

~~(A) A CARRIER SHALL RENEW HEALTH BENEFIT PLANS, EXCEPT IN ANY OF THE FOLLOWING CASES:~~

~~(1) NONPAYMENT OF THE REQUIRED PREMIUMS;~~

~~(2) FRAUD OR MISREPRESENTATION OF AN ENROLLEE OR A REPRESENTATIVE OF AN ENROLLEE;~~