

The only changes are in style.

Defined term: "Health benefit plan" § 1

(f) Employer.

"Employer" means a person that:

- (1) is actively engaged in business; and
- (2) has had on at least 50% of its working days during the preceding calendar year a majority of its employees employed in the State, where in determining the number of employees of employer companies that are affiliated companies or that are eligible to file a consolidated federal income tax return shall be considered one employer.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 698(p) (effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994).

In the introductory language of this subsection, the former reference to "person, sole proprietor, firm, corporation, partnership, or association" is deleted as unnecessary.

In item (2) of this subsection, the reference to the number of "employees of an employer" is substituted for the former reference to the number of "eligible employees" for clarity and because the term "eligible employee" is not a defined term for the provisions of this subheading that are effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994.

Defined term: "Person" IN § 1-101

(g) Health benefit plan.

- (1) "Health benefit plan" means:
  - (i) a policy or certificate for hospital or medical benefits;
  - (ii) a nonprofit health service plan; or
  - (iii) a health maintenance organization subscriber or group master contract.
- (2) "Health benefit plan" includes a policy or certificate for hospital or medical benefits that is issued through a multiple employer trust or association located in this State or another state and that covers residents of this State.
- (3) "Health benefit plan" does not include:
  - (i) accident-only insurance;
  - (ii) fixed indemnity insurance;
  - (iii) credit health insurance;
  - (iv) Medicare supplement policies;