

(E) A CARRIER MAY ELECT NOT TO RENEW ALL INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE.

(F) WHEN A CARRIER ELECTS NOT TO RENEW ALL INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE, THE CARRIER:

(1) SHALL GIVE NOTICE OF ITS DECISION TO THE AFFECTED INDIVIDUALS AT LEAST 180 DAYS BEFORE THE EFFECTIVE DATE OF NONRENEWAL;

(2) AT LEAST 30 WORKING DAYS BEFORE THAT NOTICE, SHALL GIVE NOTICE TO THE COMMISSIONER; AND

(3) MAY NOT WRITE NEW BUSINESS FOR INDIVIDUALS IN THE STATE FOR A 5-YEAR PERIOD BEGINNING ON THE DATE OF NOTICE TO THE COMMISSIONER.

(G) A HEALTH MAINTENANCE ORGANIZATION NEED NOT OFFER COVERAGE TO AN INDIVIDUAL WHO DOES NOT LIVE, RESIDE, OR WORK WITHIN THE HEALTH MAINTENANCE ORGANIZATION'S APPROVED SERVICE AREAS.

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(A) EXCEPT AS PROVIDED IN SUBSECTION (B) OF THIS SECTION, A CARRIER SHALL RENEW AN INDIVIDUAL HEALTH BENEFIT PLAN AT THE OPTION OF THE ELIGIBLE INDIVIDUAL.

(B) A CARRIER MAY NOT CANCEL OR REFUSE TO RENEW AN INDIVIDUAL HEALTH BENEFIT PLAN EXCEPT:

(1) FOR NONPAYMENT OF THE REQUIRED PREMIUMS;

(2) WHERE THE INDIVIDUAL HAS PERFORMED AN ACT OR PRACTICE THAT CONSTITUTES FRAUD;

(3) WHERE THE INDIVIDUAL HAS MADE AN INTENTIONAL MISREPRESENTATION OF MATERIAL FACT UNDER THE TERMS OF THE COVERAGE;

(4) WHERE THE CARRIER ELECTS NOT TO RENEW ALL OF ITS INDIVIDUAL HEALTH BENEFIT PLANS IN THE STATE;

(5) WHERE THE ELIGIBLE INDIVIDUAL NO LONGER RESIDES, LIVES, OR WORKS IN THE SERVICE AREA, PROVIDED THAT THE COVERAGE IS TERMINATED UNDER THIS PROVISION UNIFORMLY WITHOUT REGARD TO ANY HEALTH STATUS-RELATED FACTOR OF COVERED INDIVIDUALS; OR

(6) WHERE, IN THE CASE OF HEALTH INSURANCE COVERAGE THAT IS MADE AVAILABLE IN THE INDIVIDUAL MARKET ONLY THROUGH ONE OR MORE BONA FIDE ASSOCIATIONS, THE MEMBERSHIP OF THE ELIGIBLE INDIVIDUAL IN THE ASSOCIATION CEASES BUT ONLY IF SUCH COVERAGE IS TERMINATED UNDER THIS PARAGRAPH UNIFORMLY WITHOUT REGARD TO ANY HEALTH STATUS-RELATED FACTOR OF COVERED INDIVIDUALS.