

(5) DOES NOT MAKE HEALTH INSURANCE COVERAGE OFFERED THROUGH THE ASSOCIATION AVAILABLE OTHER THAN IN CONNECTION WITH MEMBERSHIP IN THE ASSOCIATION AND STATES SO CLEARLY IN ALL MARKETING AND APPLICATION MATERIALS; AND

(6) PROVIDES AND ANNUALLY UPDATES INFORMATION NECESSARY FOR THE COMMISSIONER TO DETERMINE WHETHER OR NOT THE ASSOCIATION MEETS THE DEFINITION OF BONA FIDE ASSOCIATION BEFORE QUALIFYING AS AN ASSOCIATION UNDER THIS SUBTITLE.

(D) "CARRIER" MEANS A PERSON THAT IS:

(1) AN INSURER THAT HOLDS A CERTIFICATE OF AUTHORITY IN THE STATE AND PROVIDES HEALTH INSURANCE IN THE STATE;

(2) A HEALTH MAINTENANCE ORGANIZATION THAT IS LICENSED TO OPERATE IN THE STATE;

(3) A NONPROFIT HEALTH SERVICE PLAN THAT IS LICENSED TO OPERATE IN THE STATE; OR

(4) ANY OTHER PERSON OR ORGANIZATION THAT PROVIDES HEALTH BENEFIT PLANS SUBJECT TO STATE INSURANCE REGULATION.

(E) "CHURCH PLAN" MEANS A PLAN AS DEFINED UNDER SECTION 3(33) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(F) (1) "CREDITABLE COVERAGE" MEANS COVERAGE OF AN INDIVIDUAL UNDER:

(I) ~~A GROUP HEALTH~~ AN EMPLOYER-SPONSORED PLAN;

(II) ~~HEALTH INSURANCE COVERAGE~~ BENEFIT PLAN;

(III) PART A OR PART B OF TITLE XVIII OF THE SOCIAL SECURITY ACT;

(IV) TITLE XIX OF THE SOCIAL SECURITY ACT, OTHER THAN COVERAGE CONSISTING SOLELY OF BENEFITS UNDER SECTION 1928 OF THAT ACT;

(V) CHAPTER 55 OF TITLE 10 OF THE UNITED STATES CODE;

(VI) A MEDICAL CARE PROGRAM OF THE INDIAN HEALTH SERVICE OR OF A TRIBAL ORGANIZATION;

(VII) A STATE HEALTH BENEFITS RISK POOL;

(VIII) A HEALTH PLAN OFFERED UNDER THE FEDERAL EMPLOYEES HEALTH BENEFITS PROGRAM (FEHBP), TITLE 5, CHAPTER 89 OF THE UNITED STATES CODE;

(IX) A PUBLIC HEALTH PLAN AS DEFINED BY FEDERAL REGULATIONS AUTHORIZED BY THE PUBLIC HEALTH SERVICE ACT, SECTION 2701(C)(1)(I), AS AMENDED BY P.L. 104-191; OR