

(C) A CARRIER MAY REFUSE TO ISSUE AN INDIVIDUAL HEALTH BENEFIT PLAN TO AN ELIGIBLE INDIVIDUAL, IF THE CARRIER DEMONSTRATES TO THE SATISFACTION OF THE COMMISSIONER THAT:

(1) IT DOES NOT HAVE THE POLICYHOLDER SURPLUS NECESSARY TO UNDERWRITE ADDITIONAL COVERAGE; AND

(2) IT IS APPLYING THIS SECTION UNIFORMLY TO ALL INDIVIDUALS IN THE INDIVIDUAL MARKET IN THIS STATE WITHOUT REGARD TO:

(I) ANY HEALTH STATUS-RELATED FACTOR; AND

(II) WHETHER THE INDIVIDUALS ARE ELIGIBLE INDIVIDUALS.

(D) A CARRIER THAT DENIES INDIVIDUAL HEALTH INSURANCE COVERAGE UNDER SUBSECTION (C) OF THIS SECTION MAY NOT OFFER COVERAGE IN THE INDIVIDUAL MARKET UNTIL THE LATER OF:

(1) A PERIOD OF 180 DAYS AFTER THE DATE THE COVERAGE IS DENIED; OR

(2) UNTIL THE CARRIER HAS DEMONSTRATED, TO THE COMMISSIONER'S SATISFACTION THAT THE CARRIER HAS SUFFICIENT POLICYHOLDER SURPLUS TO UNDERWRITE ADDITIONAL COVERAGE.

(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: