

(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

(X) A HEALTH BENEFIT PLAN UNDER SECTION 5(E) OF THE PEACE CORPS ACT, 22 U.S.C. 2504(E).

(2) A PERIOD OF CREDITABLE COVERAGE SHALL NOT BE COUNTED, WITH RESPECT TO ENROLLMENT OF AN INDIVIDUAL UNDER A HEALTH BENEFIT PLAN OR AN EMPLOYER SPONSORED PLAN, IF, AFTER SUCH PERIOD AND BEFORE THE ENROLLMENT DATE, THERE WAS A 63-DAY PERIOD DURING ALL OF WHICH THE INDIVIDUAL WAS NOT COVERED UNDER ANY CREDITABLE COVERAGE.

(H) "ELIGIBLE INDIVIDUAL" MEANS AN INDIVIDUAL:

(1) (I) FOR WHOM, AS OF THE DATE ON WHICH THE INDIVIDUAL SEEKS COVERAGE UNDER THIS SUBTITLE, THE AGGREGATE OF THE PERIODS OF CREDITABLE COVERAGE IS 18 OR MORE MONTHS; AND

(II) WHOSE MOST RECENT PRIOR CREDITABLE COVERAGE WAS UNDER AN EMPLOYER SPONSORED PLAN, GOVERNMENTAL PLAN, CHURCH PLAN, OR HEALTH BENEFIT PLAN OFFERED IN CONNECTION WITH ANY OF THESE PLANS;

(2) WHO IS NOT ELIGIBLE FOR COVERAGE UNDER:

(I) AN EMPLOYER SPONSORED PLAN;

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

(III) A STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT; OR

(IV) A HEALTH BENEFIT PLAN;

(3) WHO HAS NOT HAD THE MOST RECENT PRIOR CREDITABLE COVERAGE DESCRIBED IN PARAGRAPH (1)(II) OF THIS SUBSECTION TERMINATED FOR NONPAYMENT OF PREMIUMS OR FRAUD BY THE INDIVIDUAL; AND

(4) WHO, IF THE INDIVIDUAL HAS BEEN OFFERED THE OPTION OF CONTINUATION COVERAGE UNDER A STATE OR FEDERAL CONTINUATION PROVISION:

(I) HAS ELECTED THAT COVERAGE; AND

(II) HAS EXHAUSTED THAT COVERAGE.

(1) "ENROLLMENT DATE" MEANS THE DATE ON WHICH: