

(C) PLAN.

"PLAN" MEANS THE MARYLAND GROUP HEALTH INSURANCE PLAN.

REVISOR'S NOTE: This subsection formerly was Art. 48A, § 610(e).

No changes are made.

(D) QUALIFIED BENEFICIARY.

"QUALIFIED BENEFICIARY" MEANS:

(1) AN INDIVIDUAL WHO IS DIVORCED OR WIDOWED OR A DEPENDENT CHILD OF AN INDIVIDUAL WHO IS DIVORCED OR WIDOWED; OR

(2) AN INDIVIDUAL WHOSE EMPLOYMENT IS TERMINATED OR A SPOUSE OR DEPENDENT CHILD OF AN INDIVIDUAL WHOSE EMPLOYMENT IS TERMINATED.

REVISOR'S NOTE: This subsection is new language derived without substantive change from former Art. 48A, § 610(f).

14-302. ESTABLISHED.

THERE IS A MARYLAND GROUP HEALTH INSURANCE PLAN ADMINISTERED BY THE COMMISSIONER.

REVISOR'S NOTE: This section formerly was Art. 48A, § 611.

No changes are made.

Defined term: "Commissioner" § 1-101

14-303. FUNCTION OF PLAN; ELIGIBILITY REQUIREMENTS.

(A) FUNCTION OF PLAN.

THE PLAN SHALL PROVIDE HOSPITAL, MEDICAL, AND SURGICAL BENEFITS ON AN EXPENSE-INCURRED BASIS TO AN INDIVIDUAL WHO IS ELIGIBLE FOR MEMBERSHIP IN THE PLAN UNDER SUBSECTION (B) OF THIS SECTION, ELECTS TO RECEIVE BENEFITS, AND PAYS THE PREMIUM ESTABLISHED UNDER THE PLAN.

(B) ELIGIBILITY REQUIREMENTS.

AN INDIVIDUAL IS ELIGIBLE FOR MEMBERSHIP IN THE PLAN IF THE INDIVIDUAL IS A RESIDENT OF THE STATE AND THE INDIVIDUAL:

(1) (I) IS CERTIFIED BY THE SECRETARY OF LABOR, LICENSING, AND REGULATION AS UNEMPLOYED UNDER § 8-801 OF THE LABOR AND EMPLOYMENT ARTICLE;

(II) IS NOT ENTITLED TO BENEFITS UNDER TITLE XVIII OF THE SOCIAL SECURITY ACT; AND

(III) IS NOT ELIGIBLE FOR HOSPITAL, MEDICAL, OR SURGICAL BENEFITS UNDER AN INSURED OR SELF-INSURED GROUP HEALTH BENEFIT