

(2) THE FAMILY CONTRIBUTION AMOUNTS REQUIRED UNDER PARAGRAPH (1) OF THIS SUBSECTION APPLY ON A PER FAMILY BASIS REGARDLESS OF THE NUMBER OF ELIGIBLE INDIVIDUALS EACH FAMILY HAS ENROLLED IN THE MCHP PRIVATE OPTION PLAN.

(F) THE DEPARTMENT SHALL ADOPT REGULATIONS NECESSARY TO IMPLEMENT THIS SECTION.

15-302.

(a) (1) The Department shall monitor applications to determine whether employers and employees have voluntarily terminated coverage under an employer sponsored health benefit plan that included dependent coverage in order to participate in the [Children and Families Health Care Program] MARYLAND CHILDREN'S HEALTH PROGRAM established under [§ 15-301] §§ 15-301 AND 15-301.1 of this subtitle.

(2) The Department, in particular, shall review applications of individuals who qualified for Program benefits under the [Children and Families Health Care Program] MARYLAND CHILDREN'S HEALTH PROGRAM established under [§ 15-301] §§ 15-301 AND 15-301.1 of this subtitle.

(b) (1) An application may be disapproved if it is determined that an individual under the age of 19 years to be covered under the [Children and Families Health Care Program] MARYLAND CHILDREN'S HEALTH PROGRAM established under [§ 15-301] §§ 15-301 AND 15-301.1 of this subtitle, for whom the application was submitted, was covered by an employer sponsored health benefit plan with dependent coverage which was voluntarily terminated ~~within~~:

~~(I) WITHIN 6 months preceding the date of the application OF AN INDIVIDUAL AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES; OR~~

~~(H) WITHIN 12 MONTHS PRECEDING THE DATE OF THE APPLICATION OF AN INDIVIDUAL ABOVE 200 PERCENT, BUT AT OR BELOW 300 PERCENT OF THE FEDERAL POVERTY GUIDELINES.~~

(2) In determining whether an applicant has voluntarily terminated coverage under an employer sponsored health benefit plan for purposes of paragraph (1) of this subsection, a voluntary termination may not be construed to include:

(i) Loss of employment due to factors other than voluntary termination;

(ii) Change to a new employer that does not provide an option for dependent coverage;

(iii) Change of address so that no employer sponsored health benefit plan is available;

(iv) Discontinuation of health benefits to all dependents of employees of the applicant's employer; or