

~~(3) PREMIUM RATES SHALL BE FILED WITH THE COMMISSIONER FOR APPROVAL PRIOR TO USE.~~

~~(B) (1) THE BOARD SHALL DETERMINE A STANDARD RISK RATE BY CALCULATING THE AVERAGE RATE CHARGED BY INSURERS OFFERING COVERAGES COMPARABLE TO THAT OF THE FUND.~~

~~(2) IN DETERMINING A STANDARD RISK RATE, THE BOARD MAY CONSIDER THE RATES THAT APPLY TO THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN ESTABLISHED UNDER § 15-1207 OF THIS ARTICLE.~~

~~(3) THE PREMIUM RATES FOR COVERAGE UNDER THE FUND MAY NOT EXCEED 200% 150% OF RATES ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION.~~

~~(4) PREMIUM RATES SHALL BE REASONABLY CALCULATED TO ENCOURAGE ENROLLMENT IN THE FUND.~~

~~(C) LOSSES INCURRED BY THE FUND SHALL BE SUBSIDIZED BY REVENUE SOURCES, INCLUDING:~~

~~(1) ASSESSMENT INCOME RECEIVED IN ACCORDANCE WITH § 10-210 OF THE HEALTH GENERAL ARTICLE § 14-518 OF THIS SUBTITLE;~~

~~(2) INCOME EARNED AS A RESULT OF INVESTMENTS MADE BY THE BOARD, AND~~

~~(3) INTEREST INCOME EARNED BY THE FUND.~~

~~14-512.~~

~~(A) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN INDIVIDUAL IS ELIGIBLE FOR FUND COVERAGE IF:~~

~~(I) FOR HEALTH REASONS, AN INSURER HAS REFUSED TO ISSUE SUBSTANTIALLY SIMILAR INSURANCE TO THE INDIVIDUAL WITHIN A TIME FRAME DETERMINED BY THE BOARD;~~

~~(II) FOR HEALTH REASONS, AN INSURER HAS REFUSED TO ISSUE SUBSTANTIALLY SIMILAR INSURANCE TO THE INDIVIDUAL, WITHIN A TIME FRAME DETERMINED BY THE BOARD, EXCEPT AT A RATE THAT EXCEEDS THE FUND'S RATE;~~

~~(III) THE INDIVIDUAL HAS A HISTORY OF, OR SUFFERS FROM, A MEDICAL OR HEALTH CONDITION THAT IS INCLUDED ON A LIST PROMULGATED BY THE BOARD UNDER SUBSECTION (B) OF THIS SECTION;~~

~~(IV) THE INDIVIDUAL IS CONSIDERED AN ELIGIBLE INDIVIDUAL AS DEFINED UNDER § 15-1301 OF THIS ARTICLE;~~

~~(V) THE INDIVIDUAL HAS AN ANNUAL HOUSEHOLD INCOME THAT IS AT OR BELOW 250% 300% OF THE FEDERAL POVERTY GUIDELINES; OR~~

~~(VI) THE INDIVIDUAL IS A DEPENDENT OF AN INDIVIDUAL WHO IS ELIGIBLE FOR COVERAGE UNDER THIS SECTION.~~