

(3) IS NOT ENROLLED IN A MEDICARE PLUS CHOICE MANAGED CARE PROGRAM OR OTHER INSURANCE PROGRAM THAT PROVIDES PRESCRIPTION DRUG BENEFITS AT THE TIME THAT THE INDIVIDUAL APPLIES FOR ENROLLMENT IN THE PLAN;

(4) HAS AN ANNUAL HOUSEHOLD INCOME AT OR BELOW 300% OF THE FEDERAL POVERTY GUIDELINES; AND

(5) PAYS THE PREMIUM AND COPAYMENTS FOR THE PLAN.

(C) "ENROLLEE" MEANS AN INDIVIDUAL ENROLLED IN THE PLAN.

(D) "PROGRAM" MEANS THE SENIOR PRESCRIPTION DRUG PROGRAM ESTABLISHED UNDER PART II OF THIS SUBTITLE.

14-511.

(A) THERE IS A SENIOR PRESCRIPTION DRUG PROGRAM.

(B) THE PURPOSE OF THE PROGRAM IS TO PROVIDE MEDICARE BENEFICIARIES, WHO LACK PRESCRIPTION DRUG COVERAGE, WITH ACCESS TO AFFORDABLE, MEDICALLY NECESSARY PRESCRIPTION DRUGS UNTIL SUCH TIME AS AN OUTPATIENT PRESCRIPTION DRUG BENEFIT IS PROVIDED THROUGH THE FEDERAL MEDICARE PROGRAM.

(C) THE PROGRAM SHALL BE ADMINISTERED BY A CARRIER AS PROVIDED UNDER § 14-106(E) OF THIS TITLE.

(D) THE CARRIER THAT ADMINISTERS THE PROGRAM SHALL:

(1) SUBMIT A DETAILED FINANCIAL ACCOUNTING OF THE PROGRAM TO THE BOARD AS OFTEN AS THE BOARD REQUIRES;

(2) COLLECT AND SUBMIT TO THE BOARD DATA REGARDING THE UTILIZATION PATTERNS AND COSTS FOR PROGRAM ENROLLEES; AND

(3) DEVELOP AND IMPLEMENT A MARKETING PLAN TARGETED AT ELIGIBLE INDIVIDUALS THROUGHOUT THE STATE.

14-512.

(A) THE PROGRAM SHALL:

(1) SUBJECT TO THE MONEYS AVAILABLE IN THE SEGREGATED ACCOUNT UNDER § 14-504 OF THIS SUBTITLE, PROVIDE BENEFITS TO ~~NOT MORE THAN 30,000 ENROLLEES AT ANY ONE TIME~~ THE MAXIMUM NUMBER OF INDIVIDUALS ELIGIBLE FOR ENROLLMENT IN THE PROGRAM;

(2) REQUIRE A MONTHLY PREMIUM CHARGE OF \$10 PER ENROLLEE;

(3) NOT REQUIRE A DEDUCTIBLE; AND

(4) LIMIT THE COPAY CHARGED AN ENROLLEE TO:

(I) \$10 FOR A PRESCRIPTION FOR A GENERIC DRUG;