

[(c)] (D) A carrier may refuse to issue an individual health benefit plan to an eligible individual, if the carrier demonstrates to the satisfaction of the Commissioner that:

(1) it does not have the policyholder surplus necessary to underwrite additional coverage; and

(2) it is applying this section uniformly to all individuals in the individual market in this State without regard to:

(i) any health status-related factor; and

(ii) whether the individuals are eligible individuals.

[(d)] (E) A carrier that denies individual health insurance coverage under subsection [(c)] (D) of this section may not offer coverage in the individual market until the later of:

(1) a period of 180 days after the date the coverage is denied; or

(2) until the carrier has demonstrated, to the Commissioner's satisfaction that the carrier has sufficient policyholder surplus to underwrite additional coverage.

[(e)] (F) A carrier may elect not to renew all individual health benefit plans in the State.

[(f)] (G) When a carrier elects not to renew all individual health benefit plans in the State, the carrier:

(1) shall give notice of its decision to the affected individuals at least 180 days before the effective date of nonrenewal;

(2) at least 30 working days before that notice, shall give notice to the Commissioner; [and]

(3) IF THE CARRIER HAS AN AFFILIATE IN THE INDIVIDUAL MARKET, SHALL GIVE NOTICE TO EACH AFFECTED INDIVIDUAL AT LEAST 180 DAYS BEFORE THE EFFECTIVE DATE OF NONRENEWAL OF THE INDIVIDUAL'S OPTION TO PURCHASE ALL OTHER INDIVIDUAL HEALTH BENEFIT PLANS CURRENTLY OFFERED BY THE AFFILIATE OF THE CARRIER; AND

(4) may not write new business for individuals in the State for a 5-year period beginning on the date of notice to the Commissioner.

[(g)] (H) A CARRIER THAT OFFERS AN INDIVIDUAL HEALTH BENEFIT PLAN SHALL OFFER AN INDIVIDUAL HEALTH BENEFIT PLAN TO AN INDIVIDUAL WHO IS NONRENEWED BY AN AFFILIATE OF THE CARRIER UNDER SUBSECTION (G) OF THIS SECTION ON A GUARANTEE ISSUE BASIS, IF THE INDIVIDUAL APPLIES FOR COVERAGE NO LATER THAN 63 DAYS AFTER THE EFFECTIVE DATE OF NONRENEWAL.

(I) A CARRIER THAT ISSUES COVERAGE UNDER SUBSECTION (H) OF THIS SECTION MAY NOT RATE THE COVERAGE ON A SUBSTANDARD BASIS UNLESS THE