

(10) MONEY AWARDED TO THE FUND THROUGH GRANTS.

(c) (1) The Board may allow the Administrator to use premiums collected by the Administrator from Plan enrollees to pay claims for Plan enrollees.

(2) The Administrator:

(i) shall deposit all premiums for Plan enrollees in a separate account, titled in the name of the State of Maryland, for the Maryland Health Insurance Plan; and

(ii) may use money in the account only to pay claims for Plan enrollees.

(3) The Administrator shall keep complete and accurate records of all transactions for the separate account.

(4) By the 15th of the following month, if monthly premiums collected by the Administrator exceed monthly claims received, the Administrator shall deposit the remaining balance, including interest, for that month in the Fund.

(d) (1) The Board shall take steps necessary to ensure that Plan enrollment does not exceed the number of enrollees the Plan has the financial capacity to insure.

(2) THE BOARD MAY ADOPT REGULATIONS TO LIMIT THE ENROLLMENT OF OTHERWISE ELIGIBLE MEDICALLY UNINSURABLE INDIVIDUALS WHOSE PREMIUM IS PAID FOR BY A PHARMACEUTICAL MANUFACTURER OR ITS AFFILIATE IF THE BOARD DETERMINES THAT THEIR ENROLLMENT WOULD HAVE AN ADVERSE FINANCIAL IMPACT ON THE PLAN.

(e) (1) In addition to the operation and administration of the Plan, the Fund shall be used for the operation and administration of the Senior Prescription Drug Program established under Part II of this subtitle.

(2) The Board shall maintain separate accounts within the Fund for the Senior Prescription Drug Program and the Maryland Health Insurance Plan.

(3) Accounts within the Fund shall contain those moneys that are intended to support the operation of the Program for which the account is designated.

(f) A debt or obligation of the Plan is not a debt of the State or a pledge of credit of the State.

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(a) (1) The Board shall establish a standard benefit package to be offered by the Plan.

(2) The Board may exclude from the benefit package:

(i) a health care service, benefit, coverage, or reimbursement for covered health care services that is required under this article or the Health - General Article to be provided or offered in a health benefit plan that is issued or delivered in the State by a carrier; or