

[(e)] (G) "Fund" means the Maryland Health Insurance Plan Fund.

[(f)] (H) (1) "Medically uninsurable individual" means an individual who is a resident of the State and who:

(i) provides evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual;

(ii) provides evidence that, for health reasons, a carrier has refused to issue substantially similar coverage to the individual, except at a rate that exceeds the Plan rate;

(iii) satisfies the definition of "eligible individual" under § 15-1301 of this article;

(iv) has a history of or suffers from a medical or health condition that is included on a list promulgated in regulation by the Board;

(v) is eligible for the tax credit for health insurance costs under § 35 of the Internal Revenue Code; or

(vi) is a dependent of an individual who is eligible for coverage under this subsection.

(2) "Medically uninsurable individual" does not include an individual who is eligible for coverage under:

(i) the federal Medicare program;

(ii) the Maryland Medical Assistance Program;

(iii) the Maryland Children's Health Program; or

(iv) an employer-sponsored group health insurance plan that includes benefits comparable to Plan benefits, unless the individual is eligible for the tax credit for health insurance costs under [Section] § 35 of the Internal Revenue Code.

[(g)] (I) "Plan" means the Maryland Health Insurance Plan.

[(h)] (J) "Plan of operation" means the articles, bylaws, and operating rules and procedures adopted by the Board in accordance with § 14-503 of this subtitle.

14-508.

(A) THE PLAN SHALL BE THE ALTERNATIVE MECHANISM FOR ELIGIBLE INDIVIDUALS UNDER THE FEDERAL HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT IN ACCORDANCE WITH 45 CFR 148.128.

(B) THE PLAN MAY NOT APPLY A PREEXISTING CONDITION EXCLUSION TO AN ELIGIBLE INDIVIDUAL WHO APPLIES FOR COVERAGE UNDER THE PLAN WITHIN 63 DAYS OF TERMINATING PRIOR CREDITABLE COVERAGE.