

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

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

[(g)] (C) 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;

(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.

[(h)] (D) 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)] (C) 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)] (E) A carrier that issues coverage under subsection [(h)] (D) of this section may not rate the coverage on a substandard basis unless the individual was rated on a substandard basis under the prior coverage provided to the individual by the affiliate of the carrier.

[(j)] (F) (1) Subject to paragraph (2) of this subsection, a carrier that issues coverage under subsection [(h)] (D) of this section shall waive the waiting period for coverage of a preexisting condition to the extent that the individual has satisfied a waiting period under the individual's prior contract or policy.

(2) The carrier that issues coverage under subsection [(h)] (D) of this section may require the individual to satisfy the remaining part of the waiting period if any part of the waiting period under the individual's prior contract or policy has not been satisfied, unless the coverage issued under subsection [(h)] (D) of this section has a shorter waiting period.

[(k)] (G) A health maintenance organization need not offer coverage to an individual who does not live, reside, or work within the health maintenance organization's approved service areas.