

(A) THIS SECTION APPLIES TO A CORPORATION THAT IS:

(1) ISSUED A CERTIFICATE OF AUTHORITY AS A NONPROFIT HEALTH SERVICE PLAN; AND

(2) THE SOLE MEMBER OF A CORPORATION ISSUED A CERTIFICATE OF AUTHORITY AS A NONPROFIT HEALTH SERVICE PLAN.

(B) EXCEPT AS PROVIDED UNDER SUBSECTION (C) OF THIS SECTION, BEGINNING JANUARY 1, 2009, AND EACH JANUARY 1 THEREAFTER, IF A CORPORATION SUBJECT TO THIS SECTION HAS A SURPLUS THAT EXCEEDS 800% OF THE CONSOLIDATED RISK-BASED CAPITAL REQUIREMENTS APPLICABLE TO THE CORPORATION IN THE IMMEDIATELY PRECEDING CALENDAR YEAR, THE CORPORATION SHALL TRANSFER \$4,000,000 TO THE SEPARATE ACCOUNT FOR THE SENIOR PRESCRIPTION DRUG ASSISTANCE PROGRAM WITHIN THE MARYLAND HEALTH INSURANCE PLAN FUND ESTABLISHED UNDER § 14-504 OF THIS TITLE.

(C) A CORPORATION IS NOT REQUIRED TO MAKE THE TRANSFER UNDER SUBSECTION (B) OF THIS SECTION IF:

(1) THE SURPLUS OF THE CORPORATION DOES NOT EXCEED 800% OF THE CONSOLIDATED RISK-BASED CAPITAL REQUIREMENTS APPLICABLE TO THE CORPORATION IN THE IMMEDIATELY PRECEDING CALENDAR YEAR; OR

(2) THE FEDERAL GOVERNMENT ELIMINATES THE COVERAGE GAP IN THE MEDICARE PART D PRESCRIPTION DRUG BENEFIT.

14-501.

(a) In this subtitle the following words have the meanings indicated.

(I) "MEDICARE PART D COVERAGE GAP" MEANS THE GAP IN COVERAGE UNDER MEDICARE PART D:

(1) ABOVE THE INITIAL COVERAGE LIMIT AND BEFORE CATASTROPHIC COVERAGE BEGINS; AND

(2) DURING WHICH AN INDIVIDUAL ENROLLED IN MEDICARE PART D IS RESPONSIBLE FOR 100% COINSURANCE COSTS.

[(i)] (J) "Plan" means the Maryland Health Insurance Plan.