

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.

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

14-504.

(a) (1) There is a Maryland Health Insurance Plan Fund.

(b) The Fund shall consist of:

(1) premiums for coverage that the Plan issues;

[(2) except as provided in § 14-513(a) of this subtitle, premiums paid by enrollees of the Senior Prescription Drug Assistance Program;