

(II) WHOSE MOST RECENT PRIOR CREDITABLE COVERAGE WAS UNDER AN EMPLOYER SPONSORED PLAN, GOVERNMENTAL PLAN, CHURCH PLAN, OR HEALTH BENEFIT PLAN OFFERED IN CONNECTION WITH ANY OF THESE PLANS;

(2) WHO IS NOT ELIGIBLE FOR COVERAGE UNDER:

(I) AN EMPLOYER SPONSORED PLAN;

(II) PART A OR PART B OF TITLE XVIII OF THE SOCIAL SECURITY ACT;

(III) A STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT; OR

(IV) A HEALTH BENEFIT PLAN;

(3) WHO HAS NOT HAD THE MOST RECENT PRIOR CREDITABLE COVERAGE DESCRIBED IN PARAGRAPH (1)(II) OF THIS SUBSECTION TERMINATED FOR NONPAYMENT OF PREMIUMS OR FRAUD BY THE INDIVIDUAL; AND

(4) WHO, IF THE INDIVIDUAL HAS BEEN OFFERED THE OPTION OF CONTINUATION COVERAGE UNDER A STATE OR FEDERAL CONTINUATION PROVISION:

(I) HAS ELECTED THAT COVERAGE; AND

(II) HAS EXHAUSTED THAT COVERAGE.

(I) "ENROLLMENT DATE" MEANS THE DATE ON WHICH:

(1) AN INDIVIDUAL ENROLLS IN A HEALTH BENEFIT PLAN; OR

(2) THE FIRST DAY OF THE WAITING PERIOD BEFORE WHICH THE INDIVIDUAL MAY ENROLL.

(J) "GOVERNMENTAL PLAN" MEANS A PLAN AS DEFINED IN SECTION 3(32) OF THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974 AND ANY FEDERAL GOVERNMENTAL PLAN.

(K) "EMPLOYER SPONSORED PLAN" MEANS AN EMPLOYEE WELFARE BENEFIT PLAN THAT PROVIDES MEDICAL CARE TO EMPLOYEES OR THEIR DEPENDENTS, AND IS NOT SUBJECT TO STATE REGULATION IN ACCORDANCE WITH THE FEDERAL EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.

(L) (1) "HEALTH BENEFIT PLAN" MEANS A:

(I) HOSPITAL OR MEDICAL POLICY OR CERTIFICATE, INCLUDING THOSE ISSUED UNDER MULTIPLE EMPLOYER TRUSTS OR ASSOCIATIONS LOCATED IN MARYLAND OR ANY OTHER STATE COVERING MARYLAND RESIDENTS;

(II) POLICY, CONTRACT, OR CERTIFICATE ISSUED BY A NONPROFIT HEALTH SERVICE PLAN THAT COVERS MARYLAND RESIDENTS; OR