

Title 14 INDEPENDENT AGENCIES

Subtitle 35 MARYLAND HEALTH BENEFIT EXCHANGE

14.35.01 General Provisions

Authority: Insurance Article, §31-106(c)(1)(iv), Annotated Code of Maryland

.02 Definitions.

A. (text unchanged)

B. Terms Defined.

(1) (text unchanged)

(2) *“Advance payments of the premium tax credit” means payment of the federal tax credits authorized by 26 U.S.C. §36B and its implementing regulations, which are provided on an advance basis to an eligible individual enrolled in a qualified health plan through the Exchange under section 1412 of the Affordable Care Act.*

[(2)] (3) *“Advanced Premium Tax Credit (APTC)” has the meaning stated in 45 CFR §155.20.*

[(3) “MCHP” means the Maryland Children’s Health Program.]

(4) *“Affordable Care Act (ACA)” means the Patient Protection and Affordable Care Act of 2010 (Pub. L. 111-148), as amended, including by the Health Care and Education Reconciliation Act of 2010 (Pub. L. No. 111-152), and the regulations issued under it.*

(5) *“Authorized carrier” means a carrier that the Exchange certifies is authorized to participate in the Exchange under COMAR 14.35.15.*

(6) *“Binder payment” means the first month’s payment required to effectuate enrollment in a new qualified health plan that is not the same plan or product renewed for the new calendar year.*

(7) *“Board of Trustees” has the meaning stated in Insurance Article, §31-101(b), Annotated Code of Maryland.*

[(4)] (8)—[(5)] (9) (text unchanged)

(10) *“Catastrophic plan” means a qualified health plan described in §1302(e) of the Affordable Care Act.*

(11) *“Certification standard” means a process, procedure, requirement or condition of participation in the Exchange under COMAR 14.35.15 or COMAR 14.35.16.*

(12) *“Standard” means certifications standard.*

[(6)] (13) (text unchanged)

(14) *“Cost sharing” means any expenditure required by or on behalf of an enrollee with respect to essential health benefits; such term includes deductibles, coinsurance, copayments, or similar charges, but excludes premiums, balance billing amounts for non-network providers, and spending for non-covered services.*

[(7)] (15) *“Cost-sharing reductions (CSR)” [has the meaning stated in 45 CFR §155.20] means reductions in cost sharing for an eligible individual enrolled in a silver level plan in the Exchange or for an individual who is an Indian enrolled in a QHP in the Exchange.*

(16) *“Coverage” means a qualified individual is enrolled in a qualified plan.*

(17) *“Coverage level” has the meaning stated in Insurance Article, §31-101(d), Annotated Code of Maryland.*

[(8)] (18) (text unchanged)

(19) *“Dependent” has the meaning stated in 26 CFR §54.9801-2.*

(20) “Enrollee” means a qualified individual who is enrolled in a qualified plan through the Exchange.

(21) “Enrollment” means the qualified individual’s coverage through the Exchange.

[(9)] (22) “Exchange” [has the meaning stated in Insurance Article §31-101(e), Annotated Code of Maryland] means the Maryland Health Benefit Exchange.

[(10)] (23) “Exchange annual training” means the yearly training administered to certified navigators, licensed navigators, *application counselors*, and authorized producers by the Exchange as part of its training program.

(24) “Grace period” means the period of time during which a carrier is prohibited from terminating an enrollee’s enrollment in a qualified plan, as specified in:

(a) Insurance Article, §15-1315(c)—(e), Annotated Code of Maryland, if the enrollee is receiving advanced premium tax credits;

(b) Insurance Article, §15-209, Annotated Code of Maryland, for insurers;

(c) COMAR 31.10.25.04C, for non-profit health service plans;

(d) COMAR 31.12.07.05D, for HMOs; or

(e) COMAR 31.12.04.05A, for dental plan organizations.

(25) “Health benefit plan” has the meaning stated in Insurance Article, §31-101(g), Annotated Code of Maryland.

(26) “Health Information Exchange” means the State-designated health information exchange.

(27) “HHS” means the federal Department of Health and Human Services.

[(11)] (28)—[(18)] (35) (text unchanged)

[(19)] (36) “Maryland Children’s Health Program (*MCHP*)” has the meaning stated in COMAR 10.09.43.02B(23).

(37) “*Maryland Health Benefit Exchange*” has the meaning stated in Insurance Article, §31-101(e), Annotated Code of Maryland.

[(20)] (38) (text unchanged)

(39) “*Minimum Essential Coverage (MEC)*” has the meaning stated in 26 USC §5000A(f)(1).

[(21)] (40)—[(22)] (41) (text unchanged)

(42) “*Plain language*” has the meaning stated in section 1311(e)(3)(B) of the *Affordable Care Act*.

(43) “*Qualified dental plan (QDP)*” has the meaning stated in Insurance Article, §31-101(p), Annotated Code of Maryland.

(44) “*Qualified health plan (QHP)*” has the meaning stated in Insurance Article, §31-101(r), Annotated Code of Maryland.

[(23)] (45) “*Qualified Individual*” [has the meaning stated in Insurance Article, §31-101(s), Annotated Code of Maryland] *means an individual who has been determined to be eligible to enroll in a qualified plan through the Individual Exchange.*

(46) “*Qualified plan*” has the meaning stated in Insurance Article, §31-101(t), Annotated Code of Maryland.

(47) “*Stand-alone dental plan (SADP)*” means a qualified dental plan that meets the requirements under 45 CFR 155.1065(a).

(48) “*SHOP Exchange*” has the meaning stated in Insurance Article, 31-101(w), Annotated Code of Maryland.

(49) "Single, streamlined application form" means the eligibility application for Medicaid, MCHP, qualified health plan, stand-alone dental plan, APTC, or CSR through the Exchange.

(50) "Special enrollment period" means the period during which a qualified individual or enrollee, or, where applicable, the qualified individual or enrollee's dependent, is allowed to enroll in a qualified health plan or change from one qualified health plan to another.

(51) "State benchmark plan" has the meaning stated in Insurance Article, §31-101(aa), Annotated Code of Maryland.