# Title 10. Investment

## Chapter 5.5. Major Risk Medical Insurance Board
## Article 2. Eligibility, Application, and Enrollment
## Section 2698.200

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**2698.200. Basis of Eligibility.**

(a) All eligibility requirements contained herein shall be applied without regard to sex, race, creed, color, sexual orientation, health status, national origin, occupation, or occupational history of the individual applying for the program.

(b) To be eligible for the program, an applicant shall meet the requirements of either (1) or (2):

(1) Meet all of the following requirements;

(A) Be a resident of the State of California; and

(B) Not be eligible for Part A and Part B of Medicare, except those applicants on Medicare solely because of end-stage renal disease; and

(C) Not be eligible to purchase any health insurance for continuation of benefits under the provisions of Health and Safety Code section 1366.20 et. seq., or under the provisions of Insurance Code section 10128.50 et. seq. or have exhausted any health insurance for continuation of benefits under the provisions of 29 US Code 1161 et. seq.; and

(D) Be unable to secure adequate private coverage. An individual shall be deemed unable to secure adequate private health coverage if the individual within the previous 12 months:

1. Has been denied individual coverage; or

2. Has been involuntarily terminated from health insurance coverage for reasons other than nonpayment of premium or fraud; or

3. Has been offered an individual, not a group, health insurance premium rate in excess of the subscriber rate for the individual's first choice participating health plan.

(E) Clauses 2 and 3 of subparagraph (D) shall not apply to applications received on and after January 1, 2014.

(2) Be a dependent of an individual meeting the requirements of (b)(1) of this section.

(c) To remain eligible a subscriber, enrolled dependent or dependent subscriber shall:

(1) Remain a resident of the State of California; and

(2) Not become eligible for Part A and Part B of Medicare, except those applicants who become eligible for Medicare solely because of end-stage renal disease; and

(3) Not exceed a total of 36 consecutive months of enrollment from his/her respective start of coverage date in the program as required by section 2698.204(a)(7); and

(4) Make subscriber contribution payments as required by section 2698.403.

**Note: Authority cited:** Sections 12711 and 12712, Insurance Code. Reference: Sections 12711, 12725 and 12733, Insurance Code; and Sections 297, 299 and 299.2, Family Code.