

~~(H) IN DETERMINING THE LENGTH OF TIME THAT A PREEXISTING CONDITION PROVISION APPLIES TO AN INDIVIDUAL, A HEALTH BENEFIT PLAN SHALL CREDIT THE TIME THE INDIVIDUAL WAS PREVIOUSLY COVERED BY PUBLIC OR PRIVATE HEALTH INSURANCE OR BY ANOTHER HEALTH BENEFIT ARRANGEMENT. AN INDIVIDUAL IS DEEMED TO HAVE BEEN PREVIOUSLY COVERED IF:~~

~~1. AN INTERRUPTION OF NO MORE THAN 60 DAYS HAD OCCURRED FROM THE TIME THE INDIVIDUAL WAS COVERED BY ANY PUBLIC OR PRIVATE HEALTH INSURANCE OR BY ANOTHER HEALTH BENEFIT ARRANGEMENT UNTIL THE EFFECTIVE DATE OF THE NEW COVERAGE; OR~~

~~2. AN INTERRUPTION OF NO MORE THAN 60 DAYS HAD OCCURRED FROM THE TIME THE INDIVIDUAL WAS COVERED BY ANY PUBLIC OR PRIVATE HEALTH INSURANCE OR BY ANOTHER HEALTH BENEFIT ARRANGEMENT UNTIL THE INDIVIDUAL ELECTED TO ENROLL BUT AGAINST WHOM A HEALTH BENEFIT PLAN IMPOSED A WAITING PERIOD PRIOR TO ENROLLMENT.~~

~~(4) AN EXCLUSION OF COVERAGE FOR PREEXISTING CONDITIONS MAY NOT BE APPLIED TO HEALTH CARE SERVICES FURNISHED FOR NEWBORNS.~~

~~(B) NOTWITHSTANDING SUBSECTION (A) OF THIS SECTION, FOR EMPLOYEES OF EMPLOYERS WITH MORE THAN 50 EMPLOYEES AND FOR INDIVIDUALS, A LATE ENROLLEE MAY BE SUBJECT TO A 12-MONTH PREEXISTING CONDITION PROVISION.~~

~~(C) A HEALTH BENEFIT PLAN THAT DOES NOT USE A PREEXISTING CONDITION PROVISION MAY IMPOSE ON ENROLLEES A WAITING PERIOD NOT TO EXCEED 30 DAYS BEFORE THE COVERAGE UNDER THE HEALTH BENEFIT PLAN IS EFFECTIVE. DURING THE WAITING PERIOD, THE HEALTH BENEFIT PLAN IS NOT REQUIRED TO PROVIDE HEALTH CARE SERVICES OR BENEFITS AND A PREMIUM MAY NOT BE CHARGED TO THE ENROLLEE.~~

~~(D) FOR ENROLLMENT IN A HEALTH CARE PLAN AS AN EMPLOYEE OF A MEMBER EMPLOYER, FOR A PERIOD NOT TO EXCEED 6 MONTHS FROM THE DATE AN INDIVIDUAL BECOMES AN EMPLOYEE, A HEALTH BENEFIT PLAN MAY REQUIRE DEDUCTIBLES AND COST SHARING FOR BENEFITS FOR A PREEXISTING CONDITION OF THE EMPLOYEE IN AMOUNTS NOT EXCEEDING ONE AND ONE HALF TIMES THE AMOUNT OF THE STANDARD DEDUCTIBLES AND COST SHARING OF OTHER EMPLOYEES, IF THE EMPLOYEE WAS NOT PREVIOUSLY COVERED BY PUBLIC OR PRIVATE HEALTH INSURANCE OR BY ANOTHER HEALTH BENEFIT ARRANGEMENT, AND THE EMPLOYEE WAS NOT PREVIOUSLY EMPLOYED BY THAT EMPLOYER.~~

~~745. COMMUNITY RATING.~~

~~(A) (1) IN ESTABLISHING A COMMUNITY RATE FOR THE COMPREHENSIVE STANDARD HEALTH BENEFIT PLAN AND FOR EACH SUPPLEMENTAL BENEFIT, A CARRIER SHALL USE A RATING METHODOLOGY THAT IS BASED ON THE EXPERIENCE OF THE ENTIRE POOL OF RISKS COVERED BY THE PLAN ON A STATEWIDE BASIS WITHOUT REGARD TO HEALTH STATUS OR OCCUPATION OR ANY OTHER FACTOR NOT SPECIFICALLY AUTHORIZED UNDER THIS SUBSECTION.~~