

[(2)](4) If the federal Employee Retirement Income Security Act is amended to exclude employee groups under a specific size, notwithstanding paragraph (1)(I) of this subsection, this subtitle shall apply to any employee group size that is excluded from that federal Act.

[(3)](5) In determining the number of eligible employees WHO MEET THE REQUIREMENTS UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION, companies which are affiliated companies or which are eligible to file a consolidated federal income tax return shall be considered one employer.

(6) IN DETERMINING THE NUMBER OF ELIGIBLE EMPLOYEES WHO MEET THE REQUIREMENTS UNDER PARAGRAPH (1)(I) OF THIS SUBSECTION, AN EMPLOYEE MAY NOT BE COUNTED WHO:

(I) IS OTHERWISE COVERED UNDER A PUBLIC OR PRIVATE HEALTH INSURANCE PLAN OR OTHER HEALTH BENEFIT ARRANGEMENT; OR

(II) IS A PART-TIME EMPLOYEE.

(7) NOTWITHSTANDING THE PROVISIONS OF PARAGRAPH (1)(I) OF THIS SUBSECTION, IN OTHERWISE SATISFYING THE REQUIREMENTS OF PARAGRAPH (1)(I) OF THIS SUBSECTION; A SMALL EMPLOYER THAT DID NOT EXIST DURING THE PRECEDING CALENDAR YEAR SHALL, DURING ITS FIRST YEAR, EMPLOY ON AT LEAST 50 PERCENT OF ITS WORKING DAYS AT LEAST TWO BUT NO MORE THAN 50 ELIGIBLE EMPLOYEES.

699.

(C) IN ADDITION TO THE PROVISIONS OF SUBSECTION (B) OF THIS SECTION, A CARRIER MAY OFFER DENTAL CARE AND SERVICES AS AN ADDITIONAL BENEFIT.

701.

(a) (1) [Until December 31, 1994, carriers may limit coverage under any health benefit plan under a preexisting condition provision, but only for a period not exceeding 6 months from the effective date of coverage for any enrollee, for any preexisting condition that existed within the 6 months preceding the date of coverage for the enrollee under the health benefit plan.

(2) In determining the length of time that a preexisting condition provision applies to an eligible employee or dependent, 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:

(i) 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

(ii) 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 became an eligible employee who elected to enroll but against whom the employer imposed a waiting period prior to enrollment.