

(i) retain all information and documentation required under this subheading at its principal place of business for a period of 5 years; and

(ii) make the information and documentation available to the Commissioner on request.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 698(b) and 703(b), (c), (d)(2), (e), (f), and (g) (effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994).

In subsection (d) of this section, the former definition of "actuarial certification" is consolidated into the substantive provision because the defined term was used only once under former law.

In subsection (e)(2)(i) of this section, the reference to "information and documentation" is substituted for the former reference to "documents and certifications" for consistency within this subsection.

Defined terms: "Carrier" § 1

"Commissioner" IN § 1-101

"Employer" § 1

"Health benefit plan" § 1

"Person" IN § 1-101

"Policy" IN § 1-101

"Preexisting condition provision" § 1

"Premium" IN § 1-101

6. Coverage of preexisting conditions.

(a) Limitation prohibited.

(1) A carrier may not limit coverage under a health benefit plan for a preexisting condition.

(2) An exclusion of coverage for preexisting conditions may not be applied to health care services furnished for pregnancy or newborns.

(b) Exception for late enrollee.

(1) This subsection does not apply to a late enrollee if:

(i) the individual requests enrollment in accordance with § 2 of this subheading;

(ii) a court has ordered coverage to be provided for a spouse or minor child under a covered individual's health benefit plan; or

(iii) a request for enrollment is made within 30 days after the individual's marriage or the birth or adoption of a child.

(2) Notwithstanding subsection (a) of this section, a late enrollee may be subject to a 12-month preexisting condition provision.