

(c) Waiting period.

(1) 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.

(2) 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) Deductibles and cost-sharing.

For a period not to exceed 6 months after 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 1.5 times the amount of the standard deductibles and cost-sharing of other employees if:

(1) the employee was not previously covered by public or private plan of health insurance or another health benefit arrangement; and

(2) the employee was not previously employed by that employer.

REVISOR'S NOTE: This section is new language derived without substantive change from former Art. 48A, §§ 701(a)(3) and (4), (b), (c), and (d) and 698(i)(2) (effective subject to Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994).

In subsection (a)(1) of this section, the former effective date "January 1, 1995" is deleted as unnecessary since that date has passed.

The Insurance Article Review Committee notes, for consideration by the General Assembly, that Chapter 258, Acts of 1994 amended former Art. 48A, § 701(b) to allow a late enrollee to be subject to "a waiting period until the next open enrollment period not to exceed a 12-month period". A similar amendment was not made to the version of § 701(b) that is subject to the contingencies contained in Ch. 9, §§ 5 and 7, Acts of 1993, as amended by Ch. 258, § 3, Acts of 1994. In addition there are differences between the contingent and noncontingent versions of former Art. 48A, § 701(c) (revised as § 6(c) of this subheading and as § 15-1208(c) of the Insurance Article).

Former Art. 48A, § 701(a)(1) and (2), which authorized carriers until December 31, 1994 to limit coverage under a preexisting condition provision, subject to specified limitations, is deleted as obsolete.

Defined terms: "Carrier" § 1

"Employer" § 1

"Health benefit plan" § 1

"Health insurance" IN § 1-101

"Late enrollee" § 1

"Preexisting condition" § 1

"Preexisting condition provision" § 1

"Premium" IN § 1-101