

(D) "PREEXISTING CONDITION PROVISION" HAS THE MEANING STATED IN § 752(R) OF THIS ARTICLE.

(E) "LATE ENROLLEE" HAS THE MEANING STATED IN § 764(L) OF THIS ARTICLE.

[(b)](F) This section does not apply to a policy or certificate issued to a small employer in accordance with [Title 55 of this article] SUBTITLE 55 OF THIS ARTICLE OR TO AN INDIVIDUAL IN ACCORDANCE WITH SUBTITLE 59 OF THIS ARTICLE.

[(c)](G) (1) Subject to the provisions of paragraphs (2) and (3) of this [section] SUBSECTION, an insurer or nonprofit health service plan shall provide coverage to an individual under a policy or certificate regardless of the health of the individual if:

(i) The individual had coverage under a prior policy or certificate issued by that insurer or nonprofit health service plan; and

(ii) Within 30 days after the coverage under the prior policy or certificate terminates, the individual becomes eligible for and accepts coverage under the subsequent policy or certificate.

(2) An insurer or nonprofit health service plan may exclude coverage under a policy or certificate for a medical condition of an individual who obtains coverage under paragraph (1)(ii) of this subsection to the extent that:

(i) The policy or certificate is issued as a part of a group contract; and

(ii) The exclusion is applicable to all individuals insured under the group contract.

(3) (i) Subject to the provisions of subparagraph (ii) of this paragraph, an insurer or nonprofit health service plan shall waive a waiting period for coverage of a preexisting condition under a subsequent policy or certificate issued to an individual in accordance with paragraph (1)(ii) of this subsection to the extent that the individual has satisfied a waiting period under the individual's prior policy or certificate.

(ii) If any portion of a waiting period has not been satisfied under the individual's prior policy or certificate, the insurer or nonprofit health service plan may require the individual to satisfy the remaining portion of the waiting period under the subsequent policy unless the subsequent policy has a shorter waiting period.

[(d)](H) This section does not prohibit an insurer or nonprofit health service plan from requiring a previously insured individual to complete an application for coverage that includes information regarding the health of the previously insured individual.

(I) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (J) OF THIS SECTION, A CARRIER MAY IMPOSE A PREEXISTING CONDITION PROVISION ONLY IF IT:

(1) RELATES TO A CONDITION, REGARDLESS OF THE CAUSE OF THE CONDITION, FOR WHICH MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT WAS RECOMMENDED OR RECEIVED WITHIN THE 6-MONTH PERIOD ENDING ON THE ENROLLMENT DATE;