

- (5) MEDICAL HISTORY;
- (6) GENETIC INFORMATION;
- (7) EVIDENCE OF INSURABILITY INCLUDING CONDITIONS ARISING OUT OF ACTS OF DOMESTIC VIOLENCE; OR
- (8) DISABILITY.

(N) "HIGH LEVEL POLICY FORM" MEANS A POLICY OR PLAN UNDER WHICH THE ACTUARIAL VALUE OF THE BENEFIT UNDER THE COVERAGE IS:

- (1) AT LEAST 15% GREATER THAN THE ACTUARIAL VALUE OF THE LOW LEVEL POLICY FORM COVERAGE OFFERED BY THE CARRIER IN THIS STATE; AND
- (2) AT LEAST 100% BUT NOT GREATER THAN 120% OF THE WEIGHTED AVERAGE.

(O) (1) "INDIVIDUAL HEALTH BENEFIT PLAN" MEANS:

(+) (I) A HEALTH BENEFIT PLAN OTHER THAN A CONVERTED POLICY OR A PROFESSIONAL ASSOCIATION PLAN FOR ELIGIBLE INDIVIDUALS AND THEIR DEPENDENTS; AND

(2) (II) A CERTIFICATE ISSUED TO AN ELIGIBLE INDIVIDUAL THAT EVIDENCES COVERAGE UNDER A POLICY OR CONTRACT ISSUED TO A TRUST OR ASSOCIATION OR OTHER SIMILAR GROUP OF INDIVIDUALS, REGARDLESS OF THE SITUS OF DELIVERY OF THE POLICY OR CONTRACT, IF THE ELIGIBLE INDIVIDUAL PAYS THE PREMIUM AND IS NOT BEING COVERED UNDER THE POLICY OR CONTRACT UNDER EITHER FEDERAL OR STATE CONTINUATION OF BENEFITS PROVISIONS.

(2) "INDIVIDUAL HEALTH BENEFIT PLAN" DOES NOT INCLUDE SHORT-TERM LIMITED DURATION INSURANCE.

(P) "LOW LEVEL POLICY FORM" MEANS A POLICY OR PLAN UNDER WHICH THE ACTUARIAL VALUE OF THE BENEFIT UNDER THE COVERAGE IS AT LEAST 85% BUT NOT GREATER THAN 100% OF THE WEIGHTED AVERAGE.

(Q) "PREEXISTING CONDITION" MEANS:

(1) ~~A CONDITION EXISTING DURING A SPECIFIED PERIOD IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF COVERAGE THAT WOULD HAVE CAUSED AN ORDINARILY PRUDENT PERSON TO SEEK MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT; OR~~

(2) ~~A CONDITION FOR WHICH MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT WAS RECOMMENDED OR RECEIVED DURING A SPECIFIED PERIOD IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF THIS COVERAGE~~ A CONDITION THAT WAS PRESENT BEFORE THE DATE OF ENROLLMENT FOR COVERAGE, WHETHER OR NOT ANY MEDICAL ADVICE, DIAGNOSIS, CARE, OR TREATMENT WAS RECOMMENDED OR RECEIVED BEFORE THAT DATE.