

(R) "PREEXISTING CONDITION PROVISION" MEANS A PROVISION IN A HEALTH BENEFIT PLAN THAT DENIES, EXCLUDES, OR LIMITS BENEFITS FOR AN ENROLLEE FOR EXPENSES OR SERVICES RELATED TO A PREEXISTING CONDITION.

(S) "WAITING PERIOD" MEANS THE PERIOD OF TIME THAT MUST PASS BEFORE AN INDIVIDUAL IS ELIGIBLE TO BE COVERED FOR BENEFITS UNDER THE TERMS OF A GROUP HEALTH BENEFIT PLAN.

(T) (1) "WEIGHTED AVERAGE" MEANS THE AVERAGE ACTUARIAL VALUE OF THE BENEFITS PROVIDED BY:

(I) ALL THE HEALTH INSURANCE COVERAGES ISSUED BY THE CARRIER IN THIS STATE IN THE INDIVIDUAL MARKET DURING THE PREVIOUS CALENDAR YEAR, WEIGHTED BY ENROLLMENT FOR THE DIFFERENT COVERAGES; OR

(II) ALL THE HEALTH INSURANCE COVERAGES ISSUED BY ALL CARRIERS IN THIS STATE IN THE INDIVIDUAL MARKET, IF THE DATA ARE AVAILABLE, DURING THE PREVIOUS CALENDAR YEAR, WEIGHTED BY ENROLLMENT FOR THE DIFFERENT COVERAGES.

(2) "WEIGHTED AVERAGE" DOES NOT INCLUDE COVERAGES ISSUED UNDER THIS SUBTITLE.

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(A) THIS SUBTITLE APPLIES TO ALL CARRIERS THAT OFFER HEALTH BENEFIT PLANS TO INDIVIDUALS IN THE STATE.

(B) THIS SUBTITLE DOES NOT APPLY TO A CARRIER THAT OFFERS ONLY CONVERSION POLICIES AS REQUIRED BY LAW.

(C) THIS SUBTITLE DOES NOT APPLY TO A CARRIER THAT OFFERS HEALTH INSURANCE COVERAGE ONLY IN CONNECTION WITH GROUP HEALTH PLANS OR THROUGH ONE OR MORE BONA FIDE ASSOCIATIONS, OR BOTH.

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IN ADDITION TO ANY OTHER REQUIREMENTS UNDER THIS ARTICLE, A CARRIER THAT OFFERS INDIVIDUAL HEALTH BENEFIT PLANS IN THIS STATE SHALL:

(1) HAVE DEMONSTRATED THE CAPACITY TO ADMINISTER THE INDIVIDUAL HEALTH BENEFIT PLANS, INCLUDING ADEQUATE NUMBERS AND TYPES OF ADMINISTRATIVE STAFF;

(2) HAVE A SATISFACTORY GRIEVANCE PROCEDURE AND ABILITY TO RESPOND TO CALLS, QUESTIONS, AND COMPLAINTS FROM ENROLLEES OR INSURED; AND

(3) DESIGN POLICIES TO HELP ENSURE THAT ENROLLEES OR INSURED HAVE ADEQUATE ACCESS TO PROVIDERS OF HEALTH CARE.