

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;

(2) EXTENDS FOR A PERIOD OF NOT MORE THAN 12 MONTHS AFTER THE ENROLLMENT DATE OR 18 MONTHS IN THE CASE OF A LATE ENROLLEE; AND

(3) IS REDUCED BY THE AGGREGATE OF THE PERIODS OF CREDITABLE COVERAGE, AS DEFINED IN SUBTITLE 60 OF THIS ARTICLE.

(J) (1) SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, A CARRIER MAY NOT IMPOSE ANY PREEXISTING CONDITION PROVISION ON AN INDIVIDUAL WHO, AS OF THE LAST DAY OF THE 30-DAY PERIOD BEGINNING WITH THE DATE OF BIRTH, IS COVERED UNDER CREDITABLE COVERAGE.

(2) SUBJECT TO PARAGRAPH (4) OF THIS SUBSECTION, A CARRIER MAY NOT IMPOSE ANY PREEXISTING CONDITION PROVISIONS ON A CHILD WHO:

(I) IS ADOPTED OR PLACED FOR ADOPTION BEFORE ATTAINING 18 YEARS OF AGE; AND

(II) AS OF THE LAST DAY OF THE 30-DAY PERIOD BEGINNING ON THE DATE OF ADOPTION OR PLACEMENT FOR ADOPTION, IS COVERED UNDER CREDITABLE COVERAGE.

(3) A CARRIER MAY NOT IMPOSE ANY PREEXISTING CONDITION PROVISION RELATING TO PREGNANCY.

(4) PARAGRAPHS (1) AND (2) OF THIS SUBSECTION DO NOT APPLY TO AN INDIVIDUAL AFTER THE END OF THE FIRST 63-DAY PERIOD DURING ALL OF WHICH THE INDIVIDUAL WAS NOT COVERED UNDER ANY CREDITABLE COVERAGE.

703.

(H) A CARRIER IS SUBJECT TO THE REQUIREMENTS OF § 766 OF THIS ARTICLE IN CONNECTION WITH HEALTH BENEFIT PLANS ISSUED UNDER THIS SUBTITLE.