

(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.

(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.