

(2) THE WAITING PERIOD, IF ANY, IMPOSED WITH RESPECT TO THE INDIVIDUAL FOR ANY COVERAGE UNDER THE HEALTH BENEFIT PLAN.

(E) IF A GROUP HEALTH PLAN ENROLLS AN INDIVIDUAL FOR COVERAGE UNDER THE PLAN AND THE INDIVIDUAL PROVIDES A CERTIFICATION OF COVERAGE, THEN:

(1) UPON REQUEST OF THE GROUP HEALTH PLAN, THE ENTITY WHICH ISSUED THE CERTIFICATION PROVIDED BY THE INDIVIDUAL SHALL PROMPTLY DISCLOSE TO THE REQUESTING GROUP HEALTH PLAN, INFORMATION REGARDING COVERAGE OF CLASSES AND CATEGORIES OF HEALTH BENEFITS AVAILABLE UNDER THE ENTITY'S PLAN OR POLICY; AND

(2) THE ENTITY MAY CHARGE THE REQUESTING PLAN FOR THE REASONABLE COST OF DISCLOSING THE INFORMATION.

762.

(A) IN DETERMINING A PERIOD OF CREDITABLE COVERAGE, ANY PERIOD THAT AN INDIVIDUAL IS IN A WAITING PERIOD FOR COVERAGE UNDER A GROUP HEALTH BENEFIT PLAN OR AN AFFILIATION PERIOD MAY NOT BE TAKEN INTO ACCOUNT IN DETERMINING ANY PERIOD OF CONTINUOUS CREDITABLE COVERAGE.

(B) A CARRIER SHALL COUNT A PERIOD OF CREDITABLE COVERAGE WITHOUT REGARD TO THE SPECIFIC BENEFITS COVERED DURING THE PERIOD.

763.

A CARRIER THAT ELECTS TO OFFER A HIGH LEVEL AND LOW LEVEL POLICY FORM UNDER § 757 OF THIS SUBTITLE MAY NOT CHARGE A RATE TO ELIGIBLE INDIVIDUALS THAT IS GREATER THAN 200% OF THE RATE THE CARRIER NORMALLY WOULD CHARGE FOR THE SAME OR SIMILAR POLICY FORMS TO OTHER INDIVIDUALS.

60. MARYLAND HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT --
LARGE GROUP MARKET REFORMS

764.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) "AFFILIATION PERIOD" MEANS A PERIOD OF TIME BEGINNING ON THE DATE OF ENROLLMENT AND NOT TO EXCEED 2 MONTHS, OR 3 MONTHS IN THE CASE OF A LATE ENROLLEE, DURING WHICH A HEALTH MAINTENANCE ORGANIZATION DOES NOT COLLECT PREMIUM AND COVERAGE ISSUED DOES NOT BECOME EFFECTIVE.

(C) "ASSOCIATION" OR "BONA FIDE ASSOCIATION" MEANS, WITH RESPECT TO HEALTH INSURANCE COVERAGE OFFERED IN THIS STATE, AN ASSOCIATION THAT:

(1) HAS BEEN ACTIVELY IN EXISTENCE FOR AT LEAST 5 YEARS;