- (2) "CARRIER" HAS THE MEANING STATED IN § 15-1301 OF THIS TITLE.
- (3) "POLICY OR CERTIFICATE" MEANS ANY GROUP OR BLANKET HEALTH INSURANCE CONTRACT OR POLICY THAT IS ISSUED OR DELIVERED IN THE STATE BY AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT PROVIDES HOSPITAL MEDICAL OR SURGICAL BENEFITS ON AN EXPENSE-INCURRED BASIS.
- (4) "PREEXISTING CONDITION PROVISION" HAS THE MEANING STATED IN § 15-1301 OF THIS TITLE.
- (5) "LATE ENROLLEE" HAS THE MEANING STATED IN \S 15–1401 OF THIS TITLE.
- (B) THIS SECTION DOES NOT APPLY TO A POLICY OR CERTIFICATE ISSUED TO A SMALL EMPLOYER IN ACCORDANCE WITH SUBTITLE 12 OF THIS TITLE, OR TO AN INDIVIDUAL IN ACCORDANCE WITH SUBTITLE 13 OF THIS TITLE.
- (C) EXCEPT AS OTHERWISE PROVIDED IN SUBSECTION (D) 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 14 OF THIS TITLE.
- (D) (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 PROVISIONS 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.