- (M) "PREEXISTING CONDITION" MEANS:
- (1) A CONDITION EXISTING DURING A SPECIFIED PERIOD IMMEDIATELY PRECEDING THE EFFECTIVE DATE OF COVERAGE THAT WOULD HAVE CAUSED ANY 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.
- (N) "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.
- (O) "SECRETARY" MEANS THE SECRETARY OF THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES.
- (P) "SPECIAL ENROLLMENT PERIOD" MEANS A PERIOD DURING WHICH A GROUP HEALTH PLAN SHALL PERMIT AN EMPLOYEE WHO IS ELIGIBLE FOR COVERAGE, BUT NOT ENROLLED, TO ENROLL FOR COVERAGE UNDER THE TERMS OF THE GROUP HEALTH BENEFIT PLAN.
- (Q) "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.

 15–1402.
- (A) SUBJECT TO SUBSECTION (B) OF THIS SECTION, THIS SUBTITLE APPLIES TO ALL CARRIERS IN CONNECTION WITH GROUP HEALTH BENEFIT PLANS.
- (B) EXCEPT AS PROVIDED IN § 15-1403 OF THIS SUBTITLE, THIS SUBTITLE DOES NOT APPLY TO POLICIES ISSUED UNDER SUBTITLE 12 OF THIS TITLE.

 15-1403.
- (A) A CARRIER SHALL PROVIDE WRITTEN CERTIFICATION OF CREDITABLE COVERAGE IN CONNECTION WITH GROUP HEALTH BENEFIT PLANS, INCLUDING THOSE ISSUED IN ACCORDANCE WITH SUBTITLE 12 OF THIS TITLE.
- (B) THE CERTIFICATION OF CREDITABLE COVERAGE DESCRIBED IN SUBSECTION (A) OF THIS SECTION SHALL BE PROVIDED:
- (1) AUTOMATICALLY AT THE TIME AN INDIVIDUAL CEASES TO BE COVERED UNDER THE PLAN AND WITHIN A REASONABLE PERIOD AFTER CESSATION OF COVERAGE; AND
- (2) AT THE REQUEST OF THE INDIVIDUAL, IN NO EVENT-LATER THAN 24 MONTHS AFTER THE DATE OF CESSATION OF THE COVERAGE.