

(ii) a court has ordered coverage to be provided for a spouse or minor child under a covered employee's health benefit plan; or

(iii) a request for enrollment is made within 30 days after the eligible employee's marriage or the birth or adoption of a child.

(2) Notwithstanding subsection (a) of this section, a late enrollee may be subject to a 12-month preexisting condition provision or a waiting period until the next open enrollment period not to exceed a 12-month period.

(c) [A health benefit plan that does not use a preexisting condition provision may impose on enrollees:

(1) a waiting period not to exceed 90 days; or

(2) for 1 year, a surcharge not to exceed 1.5 times the community rate established in accordance with § 15-1205 of this subtitle.

(d)] For a period not to exceed 6 months after the date an individual becomes an eligible employee, a health benefit plan may require deductibles and cost-sharing for benefits for a preexisting condition of the eligible employee in amounts not exceeding 1.5 times the amount of the standard deductibles and cost-sharing of other eligible employees if:

(1) the employee was not previously covered by a public or private plan of health insurance or another health benefit arrangement; and

(2) the employee was not previously employed by that employer.

15-1208.1.

(A) A CARRIER SHALL PROVIDE THE SPECIAL ENROLLMENT PERIODS DESCRIBED IN THIS SECTION IN EACH SMALL EMPLOYER HEALTH BENEFIT PLAN.

(B) IF THE SMALL EMPLOYER ELECTS UNDER § 15-1210(A)(III) 15-1210(A)(1)(III) OF THIS SUBTITLE TO OFFER COVERAGE TO ALL OF ITS EMPLOYEES WHO ARE COVERED UNDER ANOTHER PUBLIC OR PRIVATE PLAN OF HEALTH INSURANCE OR ANOTHER HEALTH BENEFIT ARRANGEMENT, A CARRIER SHALL ALLOW AN EMPLOYEE OR DEPENDENT WHO IS ELIGIBLE, BUT NOT ENROLLED, FOR COVERAGE UNDER THE TERMS OF THE EMPLOYER'S HEALTH BENEFIT PLAN TO ENROLL FOR COVERAGE UNDER THE TERMS OF THE PLAN IF:

(1) THE EMPLOYEE OR DEPENDENT WAS COVERED UNDER AN EMPLOYER-SPONSORED PLAN OR GROUP HEALTH BENEFIT PLAN AT THE TIME COVERAGE WAS PREVIOUSLY OFFERED TO THE EMPLOYEE OR DEPENDENT;

(2) THE EMPLOYEE STATES IN WRITING, AT THE TIME COVERAGE WAS PREVIOUSLY OFFERED, THAT COVERAGE UNDER AN EMPLOYER-SPONSORED PLAN OR GROUP HEALTH BENEFIT PLAN WAS THE REASON FOR DECLINING ENROLLMENT, BUT ONLY IF THE PLAN SPONSOR OR CARRIER REQUIRES THE STATEMENT AND PROVIDES THE EMPLOYEE WITH NOTICE OF THE REQUIREMENT;