

(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.

~~(E) A CARRIER MAY IMPOSE A PREEEXISTING CONDITION PROVISION ON AN ELIGIBLE EMPLOYEE WHO IS A NEW ENROLLEE IF:~~

~~(1) THE SMALL EMPLOYER HAS NO MORE THAN NINE ELIGIBLE EMPLOYEES;~~

~~(2) THE PREEEXISTING CONDITION OF THE NEW ENROLLEE HAS EXISTED FOR 6 MONTHS OR LESS; AND~~

~~(3) THE PREEEXISTING CONDITION PROVISION IS IMPOSED ON THE NEW ENROLLEE FOR A PERIOD NOT TO EXCEED 12 MONTHS.~~

15-1210.

(a) ~~{(1)}~~ A carrier that offers coverage to a small employer shall:

~~{(i)}~~ ~~(1)~~ offer coverage to all of its eligible employees and all of their eligible dependents;

~~{(ii)}~~ ~~(2)~~ at the election of the small employer, offer coverage to all of its part-time employees who have a normal workweek of at least 17 1/2 but less than 30 hours per week and have been continuously employed for at least 4 consecutive months; ~~AND~~

~~{(iii)}~~ ~~(3)~~ at the election of the small employer, offer coverage to all of its employees who are covered under another public or private plan of health insurance or another health benefit arrangement~~;~~ and

(iv) establish an annual open enrollment period for self-employed individuals for at least 30 consecutive days in each 6-month period.

(2) Notwithstanding any other provision of this section and §§ 15-1209, 15-1211, and 15-1213 of this subtitle, a carrier may deny coverage to a self-employed individual who applies for a health benefit plan at a time other than the carrier's annual open enrollment period~~;~~

SECTION 2. AND BE IT FURTHER ENACTED, That: