

basis under certain circumstances; prohibiting carriers from rating certain coverage on a substandard basis under certain circumstances; requiring carriers that offer certain coverage to waive the waiting period under certain circumstances; authorizing the Insurance Commissioner to disapprove a plan of withdrawal under certain circumstances; defining a certain term; and generally relating to requirements for carriers with affiliates when individual health benefit plans are nonrenewed.

BY repealing and reenacting, with amendments,

Article – Insurance

Section 15–1308 and 15–1309

Annotated Code of Maryland

(1997 Volume and 2001 Supplement)

BY adding to

Article – Insurance

Section 27–603(g)

Annotated Code of Maryland

(1997 Volume and 2001 Supplement)

BY adding to

Article – Health – General

Section 19–706(ww)

Annotated Code of Maryland

(2000 Replacement Volume and 2001 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Insurance

15–1308.

(A) IN THIS SECTION “AFFILIATE” MEANS A PERSON THAT DIRECTLY OR INDIRECTLY, THROUGH ONE OR MORE INTERMEDIARIES, CONTROLS, IS CONTROLLED BY, OR IS UNDER COMMON CONTROL WITH ANOTHER PERSON.

[(a)](B) Subject to subsections [(c)](D) and [(g)](K) of this section, a carrier shall issue the individual health benefit plan elected under § 15–1305 or § 15–1306(a)(1) of this subtitle to any eligible individual.

[(b)](C) (1) A carrier may not limit coverage under any individual health benefit plan issued to an eligible individual under a preexisting condition provision.

(2) A carrier may impose a preexisting condition provision on an individual who has had a period of at least 63 days during all of which the individual was not covered under any creditable coverage and who would otherwise have been an eligible individual.