

INDIVIDUAL WAS RATED ON A SUBSTANDARD BASIS UNDER THE PRIOR COVERAGE PROVIDED TO THE INDIVIDUAL BY THE AFFILIATE OF THE CARRIER.

(J) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, A CARRIER THAT ISSUES COVERAGE UNDER SUBSECTION (H) OF THIS SECTION SHALL WAIVE THE WAITING PERIOD FOR COVERAGE OF A PREEXISTING CONDITION TO THE EXTENT THAT THE INDIVIDUAL HAS SATISFIED A WAITING PERIOD UNDER THE INDIVIDUAL'S PRIOR CONTRACT OR POLICY.

(2) THE CARRIER THAT ISSUES COVERAGE UNDER SUBSECTION (H) OF THIS SECTION MAY REQUIRE THE INDIVIDUAL TO SATISFY THE REMAINING PART OF THE WAITING PERIOD IF ANY PART OF THE WAITING PERIOD UNDER THE INDIVIDUAL'S PRIOR CONTRACT OR POLICY HAS NOT BEEN SATISFIED, UNLESS THE COVERAGE ISSUED UNDER SUBSECTION (H) OF THIS SECTION HAS A SHORTER WAITING PERIOD.

(K) A health maintenance organization need not offer coverage to an individual who does not live, reside, or work within the health maintenance organization's approved service areas.

15-1309.

(a) Except as provided in subsection (b) of this section, a carrier shall renew an individual health benefit plan at the option of the eligible individual.

(b) A carrier may not cancel or refuse to renew an individual health benefit plan except:

(1) for nonpayment of the required premiums;

(2) where the individual has performed an act or practice that constitutes fraud;

(3) where the individual has made an intentional misrepresentation of material fact under the terms of the coverage;

(4) where the carrier elects not to renew all of its individual health benefit plans in the State IN ACCORDANCE WITH THIS ARTICLE;

(5) where the eligible individual no longer resides, lives, or works in the service area, provided that the coverage is terminated under this provision uniformly without regard to any health status-related factor of covered individuals; or

(6) where, in the case of health insurance coverage that is made available in the individual market only through one or more bona fide associations, the membership of the eligible individual in the association ceases but only if such coverage is terminated under this paragraph uniformly without regard to any health status-related factor of covered individuals.

27-603.

(G) ~~IF APPLICABLE,~~ THE COMMISSIONER MAY DISAPPROVE A PLAN OF WITHDRAWAL FOR HEALTH INSURANCE IF AN INSURER, NONPROFIT HEALTH