

(C) IF THE BOARD IMPOSES A LIMIT ON THE NUMBER OF INDIVIDUALS WHO CAN PARTICIPATE IN THE PLAN, THE LIMIT MAY NOT BE APPLIED TO HIPAA ELIGIBLE INDIVIDUALS.

15-508.

(a) (1) In this section the following words have the meanings indicated.

(2) "Carrier" has the meaning stated in § 15-1301 of this title.

(3) "ENROLLMENT DATE" HAS THE MEANING STATED IN § 15-1301 OF THIS TITLE.

[(3)](4) "Policy or certificate" means any group or blanket health insurance contract or policy that is issued or delivered in the State by an insurer or nonprofit health service plan that provides hospital, medical, or surgical benefits on an expense-incurred basis.

[(4)](5) "Preexisting condition provision" has the meaning stated in § 15-1301 of this title.

[(5)](6) "Late enrollee" has the meaning stated in § 15-1401 of this title.

15-1301.

(a) In this subtitle the following words have the meanings indicated.

[(b)] "Actuarial certification" means a written statement in a form approved by the Commissioner, signed by a member of the American Academy of Actuaries or other individual acceptable to the Commissioner that a carrier is in compliance with the provisions of this subtitle.]

[(c)](B) "Affiliation period" means a period of time beginning on the date of enrollment and not to exceed 2 months, or 3 months in the case of a late enrollee, during which a health maintenance organization does not collect premium, and coverage issued does not become effective.

[(d)](C) "Association" or "bona fide association" means[, ] an association that:

(1) has been actively in existence for at least 5 years;

(2) has been formed and maintained in good faith for purposes other than obtaining insurance and does not condition membership on the purchase of association-sponsored insurance;

(3) does not condition membership in the association on any health status-related factor relating to an individual, and states so clearly in all membership and application materials;

(4) makes health insurance coverage offered through the association available to all members regardless of any health status-related factor relating to the members or individuals eligible for coverage and states so clearly in all membership and application materials;