

(ii) policy forms with the largest and next to largest premium volume of all policy forms offered by the carrier in this State; and

(2) an election whether to use the weighted average valuation described in § 15-1301(t)(1)(i) or (ii) of this subtitle.

(b) (1) An election made under this section shall be binding for a 2-year period.

(2) After the initial 2-year period, and for each subsequent 2-year period, carriers shall again make the elections required by this section.

(3) An election shall be made on a form and in a manner required by the Commissioner.]

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.

[(b) Subject to subsections (d) and (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.

(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.

(d) A carrier may refuse to issue an individual health benefit plan to an eligible individual, if the carrier demonstrates to the satisfaction of the Commissioner that:

(1) it does not have the policyholder surplus necessary to underwrite additional coverage; and

(2) it is applying this section uniformly to all individuals in the individual market in this State without regard to:

(i) any health status-related factor; and

(ii) whether the individuals are eligible individuals.

(e) A carrier that denies individual health insurance coverage under subsection (d) of this section may not offer coverage in the individual market until the later of:

(1) a period of 180 days after the date the coverage is denied; or