

Article - Insurance

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§15–508.1.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Carrier” means an insurer or a nonprofit health service plan.
- (3) “Creditable coverage” has the meaning stated in § 15–1301 of this title.
- (4) “Exclusionary rider” means an endorsement to an individual health benefit plan that excludes benefits for one or more named conditions that are discovered by a carrier during the underwriting process.
- (5) “Health benefit plan” has the meaning stated in § 15–1301 of this title.
- (6) “Individual health benefit plan” means a health benefit plan issued by a carrier that insures:
- (i) only one individual; or
- (ii) one individual and one or more family members of the individual.
- (b) This section applies to individual health benefit plans that are issued or delivered in the State before January 1, 2014.
- (c) A carrier may not attach an exclusionary rider to an individual health benefit plan unless the carrier obtains the prior written consent of the policyholder.
- (d) Except as provided in subsection (e) of this section, a carrier may impose a preexisting condition exclusion or limitation on an individual for a condition that was not discovered during the underwriting process for an individual health benefit plan only if the exclusion or limitation:
- (1) relates to a condition of the individual, regardless of its cause, for which medical advice, diagnosis, care, or treatment was recommended or received within the 12-month period immediately preceding the effective date of the individual’s coverage;
- (2) extends for a period of not more than 12 months after the effective date of the individual’s coverage; and
- (3) is reduced by the aggregate of any applicable periods of credible coverage.
- (e) (1) Subject to paragraph (2) of this subsection, a carrier may not impose a preexisting condition exclusion or limitation on an individual who, as of the last day of the 30-day period beginning with the date of the individual’s birth, is covered under

any creditable coverage.

(2) The limitation on the imposition of a preexisting condition exclusion or limitation under paragraph (1) of this subsection does not apply after the end of the first 63-day period during all of which the individual was not covered under any creditable coverage.

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