

annual open enrollment period for self-employed individuals established by the carrier in accordance with regulations adopted by the Commissioner.

[(h)] (I) "Pool" means the Maryland Small Employer Health Reinsurance Pool established under this subtitle.

[(i)] (J) "Preexisting condition" means:

(1) a condition existing during a specified period immediately preceding the effective date of coverage, that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment; or

(2) a condition for which medical advice, diagnosis, care, or treatment was recommended or received during a specified period immediately preceding the effective date of coverage.

[(j)] (K) "Preexisting condition provision" means a provision in a health benefit plan that denies, excludes, or limits benefits for an enrollee for expenses or services related to a preexisting condition.

[(k)] (L) "Reinsuring carrier" means a carrier that participates in the Pool.

[(l)] (M) "Risk-assuming carrier" means a carrier that does not participate in the Pool.

[(m)] (N) "Small employer" means:

(1) an employer described in § 15-1203 of this subtitle; or

(2) an entity that leases employees from a professional employer organization, coemployer, or other organization engaged in employee leasing and that otherwise meets the description of § 15-1203 of this subtitle.

(O) "SPECIAL ENROLLMENT PERIOD" MEANS A PERIOD DURING WHICH A GROUP HEALTH PLAN SHALL PERMIT CERTAIN INDIVIDUALS WHO ARE ELIGIBLE FOR COVERAGE, BUT NOT ENROLLED, TO ENROLL FOR COVERAGE UNDER THE TERMS OF THE GROUP HEALTH BENEFIT PLAN.

[(n)] (P) "Standard Plan" means the Comprehensive Standard Health Benefit Plan adopted by the Commission in accordance with § 15-1207 of this subtitle and Title 19, Subtitle 1 of the Health - General Article.

15-1208.

(a) (1) A carrier may not limit coverage under a health benefit plan for a preexisting condition.

(2) An exclusion of coverage for preexisting conditions may not be applied to health care services furnished for pregnancy or newborns.

(b) (1) This subsection does not apply to a late enrollee if:

(i) the individual requests enrollment within 30 days after becoming an eligible employee;