

## GENERAL NOTICE OF SPECIAL ENROLLMENT RIGHTS AND PREEXISTING CONDITION EXCLUSION

**Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your group health plan is required to provide you this notice explaining your group health plan's procedures for your special enrollment rights and imposing preexisting condition exclusions.**

### **Your Special Enrollment Rights:**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan at a later date if you or your dependents lose eligibility for that other coverage (other than for failure to pay premiums or for cause) or if the employer stops contributing towards your or your dependent's other coverage. You may be able to enroll yourself and your dependents in this plan at a later date if you or your dependents lose eligibility for that other coverage because a claim is incurred that would meet or exceed a lifetime limit on all benefits under that other coverage. However, you must request enrollment in the plan within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you are declining enrollment for yourself or your dependents because of coverage under a Medicaid plan or a state child health plan, you may be able to enroll yourself and your dependents in this plan at a later date if you or your dependents lose eligibility for that other coverage (other than for failure to pay premiums or for cause). However, you must request enrollment in the plan within 60 days after you or your dependents' coverage ends under the Medicaid plan or state child health plan.

If you are declining enrollment for yourself or your dependents, you may be able to enroll yourself and your dependents in this plan at a later date if you or your dependents become eligible for a state premium assistance subsidy under a Medicaid plan or state child health plan to use towards coverage under the plan. However, you must request enrollment in the plan within 60 days after the date you or your dependents are determined to be eligible for such assistance.

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in the plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request a special enrollment or obtain more information, contact [insert name of individual] at [insert address] or [insert telephone number].

### **Preexisting Condition Exclusions:**

This plan imposes a preexisting condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait up to 12 months (18 months if you are a late enrollee) before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the six-month period before the effective date of your coverage under the plan. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

The exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior “creditable coverage.” Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experience a break in coverage of at least 63 days. Your preexisting condition exclusion will be reduced one day for each day of creditable coverage demonstrated, provided that the coverage is not separated by a break in coverage of 63 days or more.

To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage (HIPAA Certificates) you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the preexisting condition exclusion and creditable coverage should be directed to [insert name of individual] at [insert address] or [insert telephone number].