

PRE-EXISTING CONDITION PROVISION PPO & NETWORK ONLY PLANS

A pre-existing condition is any condition (whether physical or mental) for which medical advice, diagnosis, care, or treatment was recommended or received within the 6-month period immediately preceding the date of enrollment. (Pregnancy or Genetic information in the absence of a diagnosis is not considered pre-existing). A Participant who has a pre-existing condition must satisfy a 10-month Waiting Period from the Enrollment Date/Effective Date before becoming eligible to receive benefits for pre-existing conditions. This period can be reduced by prior periods of Creditable Coverage under another health plan. A Health Insurance Portability and Accountability Act (HIPAA) Certificate of Creditable Coverage must be provided. If the new coverage was earned without a Significant Break of Coverage – 63 days of your effective date then the pre-existing waiting period will be applied to that portion that is not covered by HIPAA. However, the plan will pay up to \$500.00 per Insured for Covered Services or supplies related to a pre-existing condition.

Example:

- **Employee Date of Hire:** June 12, 2006
- **Effective Date of Coverage:** July 1, 2006.
- **Pre-ex applies:** From January 1, 2006 through June 30, 2006 (6 month. “look back”)
- **Waiting Period (10 mos.):** From effective date of coverage July 1, 2006 – April 1, 2007. **

** If a HIPAA Certificate (proof of prior creditable coverage) is provided and there is no lapse in coverage for more than 63 days and a prior (group benefit) plan was in place for over 10 months THEN pre-ex will be waived altogether; however if coverage was in place for less than 10 months then credit will be given for the period of time prior (group) coverage was in effect.