



BlueCross BlueShield of Texas

Experience. Wellness. Everywhere.®

Initial Notice about Special Enrollment Rights and Pre-existing Condition Exclusion Rules in Your Group Health Plan

A federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that Blue Cross and Blue Shield of Texas (BCBSTX), a Division of Health Care Service Corporation, notify you about two very important provisions in the plan.

The first is your right to enroll in the plan under its special enrollment provision if you:

- Have a new dependent
- Decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons

Second, this notice advises you of the plan's pre-existing condition exclusion rules that may temporarily exclude coverage for certain pre-existing conditions that you or a member of your family may have.

I. Special Enrollment Provisions

Loss of other coverage (excluding Medicaid or a state Children's Health Insurance Program)

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may later be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment – and BCBSTX must receive your request – no later than **31 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You or your spouse or dependents may also have special enrollment rights in another group health plan at the time a claim is denied as a result of a lifetime limit on all benefits, if you request enrollment within 31 days after the claim has been denied.

Loss of coverage for Medicaid or a state Children's Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under the Texas Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment and BCBSTX must receive your request within 60 days after your or your dependents' coverage ends under Medicaid or CHIP.

New dependent by marriage, birth, adoption or placement for adoption

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. However, you must request enrollment – and BCBSTX must receive your request – within **31 days** after the marriage, birth, adoption or placement for adoption.

Eligibility for Health Insurance Premium Payment (HIPP) Reimbursement Program for enrollees of Medicaid or a state Children's Health Insurance Program

If you or your dependents (including your spouse) become eligible for a premium assistance subsidy under the state of Texas HIPP Reimbursement Program from Medicaid or through CHIP with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment – and BCBSTX must receive your request – within 60 days after your or your dependents' determination of eligibility for such assistance under the HIPP Reimbursement Program.

To request special enrollment or obtain more information, please contact a BCBSTX customer advocate by calling the Customer Service number on the back of your member ID card.

II. Pre-existing Condition Exclusion Rules

Most health plans impose pre-existing condition exclusions. This means that if you have a medical condition before coming to a plan, you might have to wait a certain period of time 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 a six- month period. 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. "Waiting period" generally refers to a delay between the first day of employment and the first day of coverage under the plan. The pre-existing condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 31 days after birth, adoption or placement for adoption.

This 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 pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 12-month (or 18-month) exclusion period by your creditable coverage, you should give BCBSTX a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, you have a right to request one from your prior plan or issuers. BCBSTX will help you obtain one from your prior plan or issuer if necessary. There are also other ways that you can show that you have creditable coverage. Please contact BCBSTX if you need help demonstrating creditable coverage.

For questions about the pre-existing condition exclusion and creditable coverage rules affecting your plan, please contact a BCBSTX customer advocate by calling the Customer Service number on the back of your member ID card.