Initial Notice about Special Enrollment Rights and Pre-Existing Condition Exclusions for the Blue Cross and Blue Shield of Louisiana Employee Group Health Plan

A federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we notify eligible plan participants about two (2) important plan provisions. The first notice is about the right to enroll in the plan under its “special enrollment provision” if you decline coverage or if you acquire a new dependent. The second notice advises you of the plan’s “pre-existing condition exclusion rules” that may temporarily exclude coverage for certain pre-existing conditions.

Notice of Special Enrollment Rights

**Loss of Other Coverage** - 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 if you or your dependents lose eligibility for that other coverage (or if the employer stopped contributing toward your or your dependents’ other coverage). However, you must request enrollment within thirty (30) days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

**Loss of Other Coverage for Medicaid or a State Children’s Health Insurance Program** – If you decline enrollment for yourself or an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program 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 within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

**Eligibility for Medicaid or State Children’s Health Insurance Program** - If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependent in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

**New Dependent by Marriage, Birth, Adoption, or Placement for Adoption** - If you acquire a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents as special enrollees. However, you must request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.

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To request special enrollment or obtain more information, contact the Employee Benefits Administrator in Human Resources.

Notice of Pre-Existing Condition Exclusion Rules

This plan imposes a pre-existing condition exclusion. This means that if you have a medical or mental condition before coming to this plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This pre-existing condition exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the ninety (90) day period immediately prior to your enrollment date. Generally, this ninety (90) day period ends the day before your coverage becomes effective. However, if you were serving an eligibility waiting period for coverage, the ninety (90) day period ends on the day before the eligibility waiting period begins. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption. Effective January 1, 2011 the pre-existing condition exclusion does not apply to an individual who is under age 19, regardless of whether the individual is an employee or a dependent.

This pre-existing condition exclusion period for medical conditions may last up to 180 days (eighteen (18) months if you are a late enrollee) from your first day of coverage or, if you were serving an eligibility waiting period, from the first day of your eligibility waiting period. The pre-existing condition exclusion period for mental disorders may last up to sixty (60) days. However, you can reduce the length of these exclusion periods 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 periods if you have not experienced a break in coverage of at least sixty-three (63) days. To reduce the exclusion periods 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 that you have creditable coverage. A Blue Cross and Blue Shield of Louisiana Prior Carrier Health Coverage Form (23XX1938) may be submitted for determination of creditable coverage in place of a Certificate of Creditable Coverage. Please contact us if you need help demonstrating creditable coverage.

Each HIPAA Certificate (or other evidence of creditable coverage) may be reviewed to determine its authenticity. Submission of a fraudulent HIPAA Certificate would be considered a federal health care crime under HIPAA and may be punishable by fine and/or imprisonment.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to our Customer Service Center at 1-800-599-2583 between 8:00 a.m. and 5:30 p.m., Monday through Friday. To request special enrollment, contact the Employee Benefits Administrator in Human Resources.