

Individual Services
P O Box 9041
OXNARD CA 93031-9041
(866)297-7647



April 28, 2011

Steven H Shorr
1027 W 11th #3
San Pedro CA 90731

Regarding:
Identification No.:

COMPLETE INFORMATION IS DUE BY: 05/28/11

Dear Applicant:

We would like to take this opportunity to thank you for your submission of the **HIPAA Application/Individual Enrollment Application**.

Anthem has **determined** that you are **eligible** for **HIPAA** coverage. Based on the plan selection you made, your monthly premium is \$824.00. Please send payment with a copy of this letter to the address listed below. As explained the Application for Coverage, under HIPAA, **we will determine your effective date of coverage based on when your premium payment is received**. If Anthem does not receive your first premium payment by the above listed due date, we will not be able to provide HIPAA coverage to you.

Anthem Blue Cross
PO BOX 9051
Oxnard Ca 93031

Effective dates:

If your payment is delivered or postmarked, whichever occurs earlier, **within the first 15 days of the month**, coverage shall begin no later than the **first day of the following month**. When that payment is neither delivered nor postmarked until **after the 15th day of a month**, coverage shall become effective no later than the **first day of the second month** following delivery or postmark of the payment.

As provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and as regulated in Part 148 of Title 45 of the Code of Federal Regulations (45 CFR 148), qualification for a HIPAA plan requires the applicant to have at least 18 months of cumulative health coverage through any employer-sponsored group health plan. You may not have any breaks in coverage of more than 63 days. In addition, applicants must

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accept and exhaust coverage under all COBRA, or other group health plans.

Under California law AB1401, you may be eligible for state mandated continuation of medical coverage (Cal-COBRA) after your federally mandated COBRA period expires. This law allows California residents covered by insurance plans, as well as participants covered under insurance contracts issued in California, to continue coverage for a total of 36 months from the time their COBRA coverage began.

Since the HIPAA application must be received within 63 days from the prior health coverage termination dates, we will honor the initial submission. Please return the missing information, along with this letter, to Anthem Blue Cross, PO Box, 9051, Oxnard, CA 93031, Attn: HIPAA. You may also Fax the information to: 1-866-929-3299.



Pre-existing condition limitations do not apply to applicants under the age of nineteen (19) years.

When answering questions you should not include any genetic information. Genetic information includes family medical history and information related to genetic testing, genetic services, genetic counseling or genetic diseases.

NOTE: Please be sure to include the applicant's complete Identification Number on all future correspondence. Correspondence received without the Identification Number may result in a delay as we may be unable to identify the account.

If you have any questions about this letter, please call our customer service department at 1-800-333-0912, Monday through Friday from 8:30 a.m. to 7:00 p.m. (PST). The hearing and speech impaired may call our toll-free TTY number 1-877-206-4966.

Sincerely,

Sergio Avila
Individual Services
HIPAA Representative

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