

General Notice of Pre-existing Condition

This plan imposes a pre-existing condition exclusion, which means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide medical coverage for that condition. Additional information is provided below.

What is a pre-existing condition?

A pre-existing condition is a physical or medical illness present before the date coverage began. Under the *Health Insurance Portability and Accountability Act (HIPAA)*, a pre-existing condition is limited to a medical condition that you received medical advice, diagnosis, care or treatment for within the three-month period before your enrollment date.

Pregnancy is not considered a pre-existing condition.

What is an enrollment date? An enrollment date is your first day of coverage, or, if there is a waiting period before coverage takes effect, the first day of your waiting period. Typically, your enrollment date is your first day of work or the first of the following month.

What are pre-existing condition exclusions? Your group health benefit plan restricts coverage for medical conditions present before enrollment in a new plan. These restrictions are called "pre-existing condition exclusions." Pre-existing condition exclusions apply only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the three months before your enrollment date. The maximum exclusion period for a pre-existing condition is six months after your enrollment date, or 12 months if you are a late enrollee. The exclusion period may be reduced by the length of time you had previous health care coverage (creditable coverage). Pre-existing condition exclusions cannot apply to pregnancy or to a child who is enrolled in a health benefit plan within 30 days after birth, adoption or placement for adoption.

What is creditable coverage? Creditable coverage is prior health benefit plan coverage that is considered by your new plan to determine the length of time for pre-existing condition exclusions. In other words, your current plan will give you credit for coverage you had under a previous plan. Most health care coverage is creditable coverage, including group health benefit plan coverage, COBRA continuation coverage, coverage under an individual health policy, *Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP)*, and coverage through high-risk pools and the *Peace Corps*. Most, but not all, prior health plans are required to provide a *Certificate of Creditable Coverage (COCC)* that you can provide to your current plan administrator as proof of your prior coverage. If you did not receive a COCC or would like assistance in obtaining one, please contact your prior plan administrator or the member phone number on the back of your ID card.

The amount of credit you receive depends on how long you were covered under your previous health benefit plan(s) and whether you had a break in coverage. If the amount of creditable coverage you have is equal to or longer than the exclusion period, no exclusion period can be imposed on you. However, if at any time you had a break in coverage (not covered under a health benefit plan for 63 days or more); your prior coverage may not reduce your exclusion period.

What is a break in coverage? A break in coverage is a period of 63 or more days during which you had no continuous health care coverage. (If you get health care coverage by midnight on the 63rd day, you did not incur a break in coverage.) It is important not to have a break in coverage. If you do, your prior coverage before the break may not reduce your exclusion period.

For more information: Call the member phone number on the back of your ID card or *Customer Care* at 800/347-0978. You may also contact the *Issues Resolution Unit* at the following address:

UnitedHealthcare Insurance Company

Greensboro Service Center

PO Box 740800

Atlanta, GA 30374-0800