

NOTICE OF PREEXISTING CONDITION EXCLUSION AND SPECIAL ENROLLMENT

Preexisting Condition Exclusion

The plan in which you are enrolling imposes 12-month preexisting condition exclusion. This means that if you have a medical condition before coming to the 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 an employer's probationary period (waiting period for coverage), the six-month period ends on the day before the employer's probationary period begins.

The preexisting condition exclusion does not apply to pregnancy, to a child who is enrolled within 31 days after birth, adoption, or placement for adoption or to genetic information in the absence of diagnosis of a condition related to the genetic information.

You can reduce the length of the 12-month 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 preexisting condition exclusion, if you have not experienced a break in coverage for 63 days or more. To reduce the 12-month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have.

If you do not have a certificate but you do have prior health coverage, Blue Cross and Blue Shield of Montana will help you obtain a certificate from your prior plan or issuer. Please complete the attached Authorization Form, which will allow your prior issuer to provide us with your creditable coverage information. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

Special Enrollment

If you are declining enrollment for yourself and/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 stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 31 days after your or your dependents' other coverage ends, or after the employer stops contributing to the other coverage.

In addition, 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/or your dependents, provided you request enrollment within 31 days after the marriage, birth adoption, or placement for adoption. You may also enroll during a future open enrollment period.

All questions about the preexisting condition exclusion, creditable coverage, and special enrollment should be directed to BCBSMT Customer Service at 1-800-447-7828.

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