

STATEMENT OF HIPAA PORTABILITY RIGHTS

IMPORTANT - Keep This Certificate

This certificate is evidence of your coverage under the group health plan. Under a federal law known as HIPAA, you may need evidence of your coverage to:

- reduce a preexisting condition exclusion period under another plan
 - assist with special enrollment in another plan
- or**
- retrieve certain individual health coverage, even if you have health problems.

Preexisting Condition Exclusions

Some group health plans restrict coverage for medical conditions present before an individual's enrollment. These restrictions are known as "preexisting condition exclusions." A preexisting condition exclusion can apply only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within the six months before your "enrollment date." Your enrollment date is your first day of coverage under the plan, or, if there is a waiting period, the first day of your waiting period (typically, your first day of work). In addition, a preexisting condition exclusion cannot last for more than 12 months after your enrollment date (18 months if you are a late enrollee). A preexisting condition exclusion cannot apply to pregnancy and cannot apply to a child who is enrolled in health coverage within 30 days after birth, adoption, or placement for adoption.

If a plan imposes a preexisting condition exclusion, the length of the exclusion must be reduced by the amount of your prior creditable coverage. Most health coverage is creditable coverage, including group health plan coverage, COBRA continuation coverage, coverage under an individual health policy, Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), coverage through high-risk pools, and the Peace Corps. Not all forms of creditable coverage are required to provide certificates like this one. If you do not receive a certificate for past coverage, contact your new plan administrator.

You can add up any creditable coverage you have, including the coverage shown on this certificate. However, if at any time you were without coverage (a break in coverage) for 63 days or more, the plan may not include the previous coverage.

- ➔ Once your coverage ends, obtain alternative coverage to avoid the 63 day break. This certificate may be used as evidence of your creditable coverage to reduce the length of any preexisting condition exclusion if you enroll in another plan.

Right to Get Special Enrollment in another Plan

Under HIPAA, if you lose your group health plan coverage, you may be able to enroll in another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.)

- ➔ Once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), request special enrollment as soon as possible.

Prohibition against Discrimination Based on a Health Factor

Under HIPAA, a group health plan cannot keep you (or your dependents) out of the plan based on your health. A group health plan cannot charge you or your dependents more than a similarly situated individual for coverage based on health.

Right to Individual Health Coverage

Under HIPAA, if you are an “eligible individual,” you have a right to purchase certain individual health policies (or, in some states, to purchase coverage through a high-risk pool) without a preexisting condition exclusion. An eligible individual must meet the following requirements:

- You have had coverage for at least 18 months without a 63 day or more break in coverage
- Your most recent coverage was under a group health plan (which is documented by this certificate)
- Your group coverage was not terminated because of fraud or nonpayment of premiums
- You are not eligible for COBRA continuation coverage or you have exhausted your COBRA benefits (or continuation coverage under a similar state provision)

and

- You are not eligible for another group health plan, Medicare, or Medicaid, and do not have any other health insurance coverage.

The right to purchase individual coverage is allowable if you are laid off, fired, or quit your job.

- ➔ If you are interested in obtaining individual coverage and you meet the eligible individual criteria, apply for this coverage as soon as possible to avoid losing your eligible individual status due to a 63 day break.

State Flexibility

This certificate describes minimum HIPAA protections under federal law. States may require insurers and HMOs to provide additional protections to individuals in that state.

For More Information

If you have questions about your HIPAA rights, you may contact your state insurance department or the U.S. Department of Labor, Employee Benefits Security Administration (EBSA) toll-free at 1-866-444-3272 (for free HIPAA publications, ask for publications concerning changes in health care laws). You may also contact the CMS publication hotline at 1-800-633-4227 (ask for “Protecting Your Health Insurance Coverage”). These publications and other useful information are also available on the Internet at <http://www.dol.gov/ebsa>.