



Note: The following PRE-EXISTING (HIPAA) verbiage is common verbiage that is currently being used by PAI. This may not be the exact verbiage currently written in summary plan descriptions issued prior to August 2001 but will be enforced as noted below.

DEFINITIONS

The following terms shall mean:

- A. A **“pre-existing condition”** is a condition (whether physical or mental and regardless of the cause of the condition) for which medical advice, diagnosis, care or treatment was recommended or received within the month period prior to an individual’s “enrollment date.” *Genetic information will not be treated as a condition in the absence of a diagnosis of a specific condition. Pregnancy will not be treated as a pre-existing condition.*
- B. **“Enrollment date”** means the first day of an individual’s coverage or, if there is a waiting period before an individual’s coverage becomes effective, the first day of the waiting period; therefore, conditions first diagnosed or treated during the waiting period will not be treated as pre-existing conditions. For an individual who enrolls during a special enrollment period or as a late enrollee, the enrollment date is the first day of the individual’s coverage.
- C. **“Late enrollee”** means an individual who enrolls other than during the initial enrollment period or a special enrollment period as provided under the **“Eligibility Requirements”** of the Plan.
- D. **“Creditable coverage”** includes prior coverage under another group health plan, group or individual health insurance coverage issued by a state regulated insurer or an HMO, COBRA, Medicaid, Medicare, CHIP (the Children’s Health Insurance Program), the Active Military Health Program, TRICARE, American Indian Health Care Programs, a State health benefits risk pool, the Federal Employees Health Plan, the Peace Corp Health Program, or a public health plan.

PRE-EXISTING CONDITION EXCLUSION PERIOD

Expenses for treatment of pre-existing condition will not be covered for twelve (12) months following an individual’s enrollment date (eighteen (18) months for late enrollees). Once this exclusion period has been satisfied, normal benefits will be payable.

The pre-existing condition exclusion period **will not apply** to pregnancy (regardless of whether the woman had previous coverage) or to a newborn or adopted child under age twenty (20) (or child placed for adoption under age twenty (20) provided the child became covered under the Plan or other creditable coverage within thirty-one (31) days of birth or adoption (or adoptive placement) and provided they have not incurred a subsequent break in coverage of sixty-three (63) consecutive days or more.

The Plan’s pre-existing condition exclusion period may be reduced by an equal period of any prior continuous health coverage (creditable coverage) as long as there is no break in coverage of sixty-three (63) consecutive days or more. Individuals have a right to demonstrate prior health coverage to reduce the Plan’s pre-existing condition exclusion period by providing Certificates of Creditable Coverage.

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