



To all new Plan Participants:

The following is a HIPAA (the Health Insurance Portability and Accountability Act of 1996) mandated notice regarding enrollment in the Colorado Dental Association Benefit Plan for medical coverage.

Pre-Existing Condition Limitation Exclusionary Period

This Plan includes a pre-existing condition exclusion period of six (6) months for a timely enrollee and eighteen (18) months for a late enrollee. Generally, you are not eligible to receive benefits under this Plan for your pre-existing condition during this period. However, if you have been covered under another health plan within ninety (90) days of the date of enrollment into this Plan, the pre-existing condition exclusion period may be reduced by your prior coverage.

- A pre-existing condition must relate to a condition (whether physical or mental), regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received within the six (6) month period ending on the enrollment date, or, if earlier, the start of the waiting period for enrollment. (Enrollment date is not the effective date of coverage, but, in most instances, the date of hire.)
- Genetic information cannot be treated as a pre-existing condition in the absence of a diagnosis of the condition related to the genetic information.
- Pregnancy cannot be treated as a pre-existing condition.
- A pre-existing condition exclusion cannot be imposed on a newborn child, an adopted child, or a child under eighteen (18) placed for adoption if the child is covered within thirty (30) days of the date of birth, adoption, or placement for adoption.

Conditions first discovered during the waiting period are not pre-existing conditions.

A pre-existing condition exclusion period cannot exceed **twelve (12)** months (maximum by law) for a timely entrant or eighteen (18) months in the case of a late entrant, after the enrollment date, or if earlier, the start of the waiting period for enrollment. A pre-existing **condition must be reduced** by the period of creditable coverage the individual has under any previous plan as of the enrollment date, or if earlier, the start of the waiting period for enrollment. (Enrollment date is not the effective date of coverage, but, in most instances, the date of hire.) “Late entrant” means an employee or dependent who does not enroll during the initial period in which he or she is eligible to enroll, or during a special enrollment period when there is a change in family status or loss of coverage under another plan (see below).

The pre-existing condition limitation period for a timely enrollee starts on the date you are hired.

The pre-existing condition exclusionary period runs concurrently with the waiting period specified by your employer, but in no case is less than thirty (30) days, that you need to satisfy before you become effective under the Plan and before any benefits are payable under this Plan.

In order to make a determination of whether you are eligible for credit for your prior coverage, you must submit a Certificate of Prior Health Coverage or any other evidence of prior coverage. If you were covered under more than one (1) plan, you need to provide documentation of coverage from each health

plan. Please submit this information to the CDA Benefit Plan, within thirty (30) days of enrolling in the CDA Benefit Plan. You may request a certificate, free of charge, for you and your dependents before losing coverage within two (2) years of losing coverage. Please let CNIC Health Solutions know if you need assistance in obtaining this information from your prior employer or carrier.

If it is determined that you and/or your eligible dependents:

1. will receive only partial credit for the prior coverage towards satisfying the pre-existing condition exclusion period; or
2. will have to satisfy the entire pre-existing condition exclusion period;

based on the information on your prior Certificate of Health Coverage, CNIC Health Solutions will inform you of this determination. If you wish to appeal this decision or provide additional evidence of creditable coverage, please phone 1-800-232-2588 or 303-770-5710 and speak with Cindy Babb (ext. 391) or Sue Donovan (ext. 269) at CNIC Health Solutions.

Special Enrollment Period

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires us to inform you of your rights to Special Enrollment under the CDA Benefit Plan when you or your eligible dependents decline coverage during the initial enrollment period.

If you are declining enrollment for yourself or your dependents (including your spouse) because of another group health plan or other group health insurance coverage, you may in the future be able to enroll yourself or your dependents in this Plan, provided that you request enrollment within thirty (30) days after your other coverage ends. In order to qualify for the special enrollment period if you decline enrollment because of another group health plan or other group health insurance coverage, we must receive a written statement from you stating that other coverage was the reason for declining enrollment.

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 your new dependents, provided that you request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.

Individuals who enroll under these special enrollment conditions are not considered late entrants, but are subject to the normal pre-existing condition limitations of the Plan.

If you have any questions, please call CNIC Health Solutions at 1-800-232-2588, ext. 1269, or 303-770-5710.