

New Employee Notice

The following information explains the provisions and procedures that pertain to your group health plan in accordance with federal law.

Pre-Existing Conditions Exclusion Provision

A pre-existing conditions exclusion period may apply to you, **if** a pre-existing conditions exclusion provision is included in the group health plan that you are or become covered under. If your plan contains a pre-existing conditions exclusion, such exclusion may be waived for you if you have prior Creditable Coverage.

Creditable Coverage

Creditable coverage includes coverage under a group health plan (including a governmental or church plan), health insurance coverage (either group or individual insurance), Medicare, Medicaid, military-sponsored health care (CHAMPUS), a program of the Indian Health Service, a state health benefit risk pool, the FEHBP, a public health as defined in the regulations, and any health benefit plan under section 5(C) of the Peace Corps Act. Not included as Creditable Coverage is any coverage that is exempt from the law (e.g., dental only coverage or dental coverage that is provided in a separate policy or even if in the same policy as medical, is separately elected and results in additional premium).

If you had **prior Creditable Coverage** within the 90 days immediately prior to the date you enrolled in your new plan, then the pre-existing conditions exclusion in your new plan, if any, will be waived. The determination of the 90-day period will not include any waiting period that may be imposed by your employer before you are eligible for coverage.

If you had **no prior Creditable Coverage** within the 90 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 90 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion (to a maximum period of 12 months).

If you have any questions regarding the determination of whether or not a pre-existing conditions exclusion applies to you, please call the Employee Benefits and Services Division at (909) 387-5787.

Providing Proof of Creditable Coverage

Generally, you will have received a **Certification of Prior Group Health Plan Coverage** from your prior medical plan as proof of your prior coverage. You should retain that Certification until you submit a medical claim. When a claim for treatment of a potential pre-existing condition is received, the health plan claim office will request that you provide your **Certification of Prior Group Health Plan Coverage**, which will be used to determine if you have Creditable Coverage at that time.

You may request a **Certification of Prior Group Health Plan Coverage** from your prior carrier(s), with whom you had coverage within the past two years. That plan's Member Services Department can assist you with this and can provide you with the type of information that you will need to request from your prior carrier.

The plan's Member Services Department may also request information from you regarding any pre-existing condition(s) for which you may have been treated in the past, and other information that will allow them to determine if you have Creditable Coverage.

Special Enrollment Periods Due to Loss of Coverage

If you are eligible for coverage under a County-sponsored medical plan but do/did not enroll in that medical plan because you had other medical coverage, and you lose that other medical coverage, you must enroll in a County-sponsored medical within thirty-one (31) days of losing your other coverage.

For Certain Dependent Beneficiaries

If your Group Health Plan offers dependent coverage, it is required to offer a dependent special enrollment period for persons becoming a dependent through **marriage, birth, or adoption or placement for adoption**. The dependent special enrollment period must last for not less than thirty-one (31) days, from the date of the marriage, birth, adoption or placement for adoption. The dependent may be enrolled during that time as a dependent of the individual, if the employee is eligible for enrollment but not enrolled, the employee may also enroll at this time. In the case of the birth or adoption of a child, the spouse of the individual also may be enrolled as a dependent of the employee if the spouse is otherwise eligible for coverage but not already enrolled. If an employee seeks to enroll a dependent during the special enrollment period, the coverage would become effective as of the date of birth, adoption or placement for adoption or marriage.

Special Enrollment Rules

To qualify for the special enrollment, individuals who meet the above requirement must request enrollment no later than thirty-one (31) days after one of the events described above. The effective date of coverage for individuals who lost coverage will be the first of the pay period during which the other coverage terminated. If you seek to enroll a dependent during the special enrollment period, coverage for your dependent (and for you, if also enrolling) will become effective as of the date that the qualifying event occurred, (for marriage, as of the enrollment date) once the completed request for enrollment is received.