



**BlueCross BlueShield
of Illinois**

General Notice of Special Enrollment Rights and Preexisting Condition Exclusion

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), your group health plan is required to provide you this notice explaining your group health plan's procedures for your special enrollment rights and imposing preexisting condition exclusions.

Your Special Enrollment Rights

If you are declining enrollment for yourself 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward 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 your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

You or your spouse or dependents may also have special enrollment rights in another group health plan at the time a claim is denied as a result of a lifetime limit on all benefits, if you request enrollment within 30 days after the claim has been denied.

Contact your plan administrator to request a special enrollment.

Preexisting Condition Exclusions

Some health plans impose preexisting condition exclusion. This means that if you have a medical condition before coming to our 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 or twelve-month period (whichever is applicable to your plan). Generally, this six or twelve-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six- or twelve-month period ends on the day before the waiting period begins. The preexisting condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

Contact your plan administrator to determine whether or not your plan imposes a pre-existing exclusion period and, if so, the length of that exclusion period.

To receive additional general information about individual rights under the HIPAA portability statute, please send a written request to

GENERAL NOTICE FAQs
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