

The General Synod

ASSOCIATE REFORMED PRESBYTERIAN CHURCH

Board of Benefits



Group Benefits Program Associate Reformed Presbyterian Church Notice of Plan's Preexisting Condition Exclusion

The medical care benefit program contains a preexisting condition exclusion that may limit your coverage. The preexisting condition exclusion is an exclusion of coverage for an injury, medical condition or illness for which medical advice, diagnosis, care, or treatment was recommended or received within 6 months prior to the date you enroll in the plan or the first day of any period your employer requires of new employees before they become eligible for coverage (whichever came first). The following **are not** preexisting conditions:

- pregnancy;
- conditions found in a newborn child who is enrolled within 30 days from the date of birth;
- conditions found in a child who is adopted or placed for adoption before attaining age 18 and who is enrolled within 30 days of the date of adoption or placement for adoption; or
- conditions discovered as a result of genetic testing, but which have not manifested themselves in conditions requiring treatment.

Treatment for preexisting conditions will not be covered during the Preexisting Condition Exclusion Period. The Preexisting Condition Exclusion Period shall be:

- 12 months, if you, or you and your dependents, or your dependents enroll in this plan within 30 days of initially becoming eligible for coverage; or
- 12 months, if at the time you initially became eligible for coverage under this plan you declined coverage in writing because you had other health coverage, and you enroll in this plan within 30 days of losing eligibility for the other health coverage; or
- 18 months for all other individuals.

Under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), this plan will subtract one day from the preexisting condition exclusion period for each day of creditable coverage that you had, so long as there was no period of 63 or more consecutive days during which you did not have creditable health coverage. Creditable coverage includes periods during which you were covered under:

a group health plan; group or individual health insurance coverage; Part A **or** Part B of Medicare; Medicaid, except coverage solely for pediatric vaccines; the Indian Health Service; The Peace Corps Act; a State health benefits risk pool; a public health plan; health coverage for current and former members of the armed forces and their dependents; or health insurance for federal employees and their dependents.

You have the right to demonstrate the amount of creditable coverage you have, including any waiting periods that were applied before you became eligible for coverage. For any period after July 1, 1997, you may ask a plan sponsor, health insurer, or HMO to provide


you with a “certification form” documenting the periods during which you had health benefit coverage. If you do not have a “Certificate of Creditable Coverage” to submit with your enrollment, please contact your prior provider and request that documentation be sent to our Third Party Administrator:

BlueCross BlueShield of South Carolina
P. O. Box 6000
Greenville, SC 29606

If you submit a “Certificate of Creditable Coverage” BCBS will notify you of the number of days credited and the number of days, if any, that the preexisting condition exclusion will apply.

BCBS will inform you of procedures to follow if you do not agree with the calculation of your creditable coverage. If any response to your inquiry is not satisfactory, you may request an appeal by writing to the address shown above within 60 days of receiving notification. Please give specific reasons for your appeal.

If you are have trouble obtaining documentation of your prior creditable coverage, please call Ed Hogan at 864-232-8297, Ext. 224 for assistance.



Ed Hogan, Secretary
Board of Benefits