

## **IMPORTANT NOTICE ABOUT YOUR HEALTH INSURANCE COVERAGE AND PREEXISTING MEDICAL CONDITIONS**

To: Employee, Spouse, and Dependent Children of Arlington Independent School District:

Federal Law may affect your group health coverage if you are enrolled or become eligible to enroll in Arlington Independent School District's group health plan or health insurance coverage that limits or excludes coverage for pre-existing medical conditions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL104-191, limits the circumstances under which coverage may be limited or excluded for medical conditions present before you enroll (pre-existing conditions).

Under the law, a pre-existing condition exclusion generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12 month (or 18 month) exclusion period is reduced by that period you were covered under other health plan(s), assuming there were no breaks in coverage of 63 or more days. Further, pre-existing conditions diagnosed or treated more than 6 months prior to enrollment may not be excluded from coverage. If you buy health insurance coverage other than through your employer group plan, a certificate of prior coverage may help you obtain coverage without a pre-existing condition exclusion. In the event your coverage is terminated, Arlington Independent School District's carrier or plan administrator must promptly provide you a certificate of prior coverage. Certificate(s) of coverage period(s) prior to that coverage available through and subsequent to June 30, 1996 are required to the carriers or administrators for the related coverage period. Additional details can be obtained through your state insurance department at 1.512.463.6464.

If you decline enrollment for yourself or your dependents (including you spouse) in this plan because of other 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 30 days after your other coverage ends. If this plan has or adopts an open enrollment period and you decline enrollment in this plan at any open enrollment period for yourself or your dependents, you will have to wait until the next open enrollment period to enroll. Additionally, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself or your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

For group health plans, these requirements are effective as of the beginning of the first plan year starting after June 30, 1997. For example, if your employer's plan year begins on January 1, 1998, the plan is not required to give you credit for you prior coverage until January 1, 1998. As stated above, you have the right to receive a certificate of prior coverage(s) for coverage periods July 1, 1996 and later. You may need to provide other documentation for earlier periods of health care coverage. Check with your new plan administrator to see if your new plan excludes coverage for pre-existing conditions and If you need to provide a certificate or other documentation of your previous coverage.

To obtain a Certificate of Health Coverage for Arlington Independent School District's group health plan for yourself and/or your coverage dependents, call Humana's customer service number at 1.800.448.6262.