TIPS FOR COMPLETING YOUR ENROLLMENT APPLICATION

If you are enrolling your spouse or your dependents, read this first!

The following situations require that you provide additional information or documentation so that your spouse or your dependents can be enrolled in your health plan. Without these documents, your I.D. cards may be delayed.

Dependent Children attending school on a full-time basis:

Be sure to include a copy (do not send the original) of *one* of these:
• Current Registration (showing total credit hours)
• Formal letter from school (including full-time status)

Handicapped dependents:

Handicapped dependents are eligible for continued coverage under other limited circumstances. Include a written verification of the handicap from a licensed physician. Call Member Services for additional information.

Check your application carefully to be sure all birthdays, Social Security numbers and phone numbers are correct.

Pre-existing Condition Exclusion

The following page explains you may be subject to a pre-existing condition exclusion upon acceptance on the Plan.

This pre-existing condition exclusion applies to members whose employer has fewer than 15 employees. For employer groups with 15 or more employees, this exclusion does not apply.

If you have any questions regarding your group size, please contact your Benefits Administrator.

Please retain this copy for your records.

Notice of Pre-existing Condition Exclusion

This Optima Health Plan imposes a pre-existing 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. It is important to remember that anytime we use the word "you" in this notice we also mean spouses and dependents that are covered under the Plan.

This pre-existing condition exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within a six-month period. Generally, this six-month period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage, the six-month period ends on the day before the waiting period begins.

The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 12 months from your first day of coverage (regardless if you are a late enrollee), or if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. A break in coverage means a period where you did not have coverage under a health plan.

To reduce the 12 month exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to Optima Health Member Services at 757-552-7401.