



Horizon Blue Cross Blue Shield of New Jersey

GENERAL NOTICE OF PREEXISTING CONDITIONS EXCLUSION

Your group health plan imposes a preexisting conditions exclusion that applies to persons who do not enroll as of the plan's effective date or during the plan's open enrollment period. If it applies to you, this exclusion means that if you or a covered dependent (if your plan includes coverage for dependents) has a medical condition before coverage under this plan starts, you or the dependent may 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-month period (or any lesser period that this plan elects). Generally, this "look-back period" ends the day before the person's coverage under this plan becomes effective. However, if the person is in a waiting period for coverage imposed by the plan, the "look-back period" ends on the day before the waiting period begins.

This exclusion does not apply to pregnancy or to a child (if dependents' coverage applies) who is enrolled in the plan within 31 days after birth, adoption or placement for adoption.

Federal rules provide that this exclusion cannot last for more than 12 months (18 months for late enrollees) from the first day of coverage, or, if a waiting period applies, from the first day of the waiting period. However, your employer may have chosen a lesser period for this exclusion. The length of the preexisting conditions exclusion period can be reduced by the number of days of your or your dependent's prior "creditable coverage." Most prior health coverage is creditable coverage and can be used to reduce the length of this exclusion, provided that you or the dependent has not experienced a break in coverage of 63 days or more that extends from the termination of the prior health coverage to the effective date of his/her coverage under this plan.

To reduce the applicable length of this exclusion by creditable coverage, you must provide the plan with a copy of any certificates of creditable coverage that you have. There are also other ways that you can prove prior creditable coverage.

If the exclusion applies to you, you will receive full details about it in other plan materials that you will receive. In the meantime, if you have questions about this exclusion, or if you need help demonstrating creditable coverage, contact your benefits department or personnel representative.