Family Member Joining Military

If my dependent family member enters the military, is he or she eligible for COBRA coverage?

No. Your family member isn't eligible for COBRA after entering the military because your family member has not experienced a qualifying event.

Length of COBRA Continuation Coverage for Family Members

How long does COBRA coverage last for my family members if they do not qualify for coverage under my plan any longer?

Your family members can continue COBRA coverage for up to 36 months after they are no longer considered eligible for coverage due to a qualifying event, such as your divorce or legal separation or a dependent child reaching maximum age under the Plan.

Notification to Employer of Family Member Loss of Eligibility

When do I have to provide notification that my family member isn't eligible for coverage any more?

You or a family member must notify the Company of a divorce, legal separation or a child losing dependent status under the applicable plan within 60 calendar days of the qualifying event.

There are two ways to notify the Company and be eligible for COBRA coverage:

- within 30 calendar days of the event: by going to Colleague Connect (**https://mmcglobal.sharepoint.com/sites/home**), or
- after 30 calendar days, but within 60 calendar days of the later of the qualifying event or loss of coverage: Contact HR Services in writing at: HR Services, P.O. Box 622, Des Moines, IA 50306-0622. You will not be refunded any of your contributions if you notify the Company after 30 calendar days.

Note: If the Company is not notified within 60 calendar days of the event, your family member who loses coverage will not be offered the option to elect COBRA coverage.

Family Member COBRA Notification

When will my family members be notified about COBRA eligibility?

The Company has 30 days to notify its COBRA Administrator of your qualifying event. You or your covered family member will be notified of the right to COBRA coverage within 14 days of the date the Company's COBRA Administrator has been notified of the qualifying event. A COBRA notification and enrollment form are mailed to you or your covered family members' last known address.

You must complete the COBRA enrollment form and return it as the form instructs.

You have 60 calendar days from the later of (1) the date you receive notice of your right to COBRA coverage, or (2) the date coverage would otherwise end to elect COBRA.

Qualifying Event—Divorce, Legal Separation, Termination of a Domestic Partnership

Continuing Family Coverage Through COBRA After a Divorce or Legal Separation

If I get divorced or legally separated, can my family get coverage under COBRA?

Yes, your spouse can continue coverage under COBRA when you are divorced or legally separated. If your children are no longer eligible dependents under the plan as a result of your divorce or legal separation, they can also continue coverage under COBRA if you register the event.

After a divorce or legal separation, COBRA coverage is available to your covered family members for up to 36 months.

Special Note on Domestic Partners

Do all plans cover domestic partners under COBRA?

Although not legally required to do so, Marsh McLennan extends COBRA continuation coverage to domestic partners of Marsh McLennan employees and/or their dependent children covered under the Company Benefits Program. (A few medical plans may not extend COBRA to domestic partners or their children; refer to the specific medical plan section to learn about COBRA availability.)

Notification to Employer of Divorce, Legal Separation, or Termination of a Domestic Partner

When do I have to provide notification that I am getting a divorce, legal separation or terminating my domestic partnership?

You or a family member must notify the Company of a divorce, legal separation or a child losing dependent status under the applicable plan within 60 calendar days of the qualifying event.

There are two ways to notify the Company and be eligible for COBRA coverage:

- within 30 calendar days of the event: by going to Colleague Connect (**https://mmcglobal.sharepoint.com/sites/home**), or
- after 30 calendar days, but within 60 calendar days of the later of the qualifying event or loss of coverage: Contact HR Services in writing at: HR Services, P.O. Box 622, Des Moines, IA 50306-0622. You will not be refunded any of your contributions if you notify the Company after 30 calendar days.

Note: If the Company is not notified within 60 calendar days of the event, your family member who loses coverage will not be offered the option to elect COBRA coverage.

Qualifying Event—Death

Continuing COBRA Coverage for Family Members

If I die, can my family members continue their coverage under COBRA?

Yes, COBRA coverage is available to your covered family members for up to 36 months after your death.

Although not legally required to do so, as a special benefit, Marsh McLennan will contribute towards the monthly cost of COBRA coverage for your eligible family members who had previously been covered under Company medical and dental coverage during the first 12 months of the COBRA period provided they pay the required employee level contributions. After the first 12 months, your eligible family members can continue COBRA coverage for the remaining COBRA period, up to an additional 24 months, by paying the full group rate, plus an additional two percent for administrative expenses.

COBRA Notification

When will my family members be notified about COBRA eligibility after their coverage ends because of my death?

The Company has 30 days to notify its COBRA Administrator of death. Your covered family members will be notified of the right to continue coverage within 14 days of the date the Company's COBRA Administrator has been notified of the death.

COBRA and Flexible Spending Accounts

What is the benefit of continuing contributions to my Health Care Flexible Spending Account or Limited Purpose Health Care Flexible Spending Account under COBRA?

If you have an outstanding balance in your Health Care Flexible Spending Account or your Limited Purpose Health Care Flexible Spending Account when you experience a qualifying event, you can elect COBRA and continue to receive reimbursements from your Health Care Flexible Spending Account or Limited Purpose Health Care Flexible Spending Account until the end of the calendar year. You can continue to receive reimbursements after your active employee coverage ends.

For example, if you elected to contribute $1,000 to a Health Care Flexible Spending Account for the calendar year and incurred expenses of $600 when your employment ended, you must elect COBRA continuation coverage in order for the additional $400 you spend to be reimbursed.

Note: Contributions must be made on an after-tax basis, plus an additional two percent for administrative expenses will be charged.

Employee Enrollment in COBRA Coverage

You must complete the COBRA enrollment form and return it as the form instructs.

You have 60 calendar days to elect COBRA from the later of (1) the date you receive notice of your right to COBRA coverage, or (2) the date coverage would otherwise end.

Notification of Qualifying Event

When do I have to provide notification of a qualifying event?

You or a family member must notify the Company of a divorce, legal separation or a child losing dependent status under the applicable plan within 60 calendar days of the qualifying event.

There are two ways to notify the Company and be eligible for COBRA coverage:

- within 30 calendar days of the event: by going to Colleague Connect (**https://mmcglobal.sharepoint.com/sites/home**), or
- after 30 calendar days, but within 60 calendar days of the later of the qualifying event or loss of coverage: Contact HR Services in writing at: HR Services, P.O. Box 622, Des Moines, IA 50306-0622. You will not be refunded any of your contributions if you notify the Company after 30 calendar days.

Note: If the Company is not notified within 60 calendar days of the event, your family member who loses coverage will not be offered the option to elect COBRA coverage.

If you fail to register the event and any claims are paid for expenses incurred after the date coverage would normally be lost because of divorce, legal separation or a child losing dependent status, you and your family must reimburse the plan for these claims.

The Company has 30 days to notify its COBRA Administrator of the qualifying event. You or your covered family member will be notified of the right to COBRA coverage within 14 days of the date the Company's COBRA Administrator has been notified of the qualifying event. A COBRA notification and enrollment form are mailed to you or your covered family members' last known address.

COBRA Effective Date

When will my COBRA coverage begin?

Once you choose COBRA, your COBRA coverage will be effective retroactive to the date you lost coverage.

You have to send your first payment for COBRA coverage within 45 days after you elected COBRA for your coverage to become effective. Your first payment has to include all of your back payments, beginning with the date you lost coverage because of a qualifying event, up to and including the month you send in your first payment.

Missed Enrollment Period

I didn't sign up for COBRA within the time limit; can I sign up now?

No, you can't sign up for COBRA once the 60 calendar day COBRA enrollment period ends.

If I do not continue all of the plans offered under COBRA, can I sign up for other plans later?

You can still add other coverage if you are within the 60 calendar day COBRA enrollment period. Once the 60 calendar day COBRA enrollment period ends, you can add or change plans during the Annual Enrollment period as long as you continue to be a COBRA participant.

Care Before Electing COBRA

What happens if one of my family members or I need medical or dental care after the qualifying event occurs but before I elect COBRA?

You will not have coverage until you or your covered family member elects COBRA and makes the required payments. Once the election and payments are made, your coverage will become effective, and any bills you received during this transition period will be processed under the rules for your plan as if you had coverage.

You may need to contact your plan to have your bills processed.

Disabled Employee COBRA Eligibility

If I am totally disabled when I qualify for COBRA coverage, what is the COBRA coverage period?

If you are disabled according to the Social Security Administration when you qualify for COBRA coverage or become disabled according to the Social Security Administration within the 60 calendar day COBRA election period, you and your covered family members can extend your COBRA coverage for an additional 11 months, for a total of 29 months from your qualifying event.

Note that your premiums are increased to 150% of the full group rate for those additional 11 months from the beginning of the 19th month through the end of the 29th month.

If a second qualifying event occurs within the first 18 months of the COBRA coverage, you pay the full group rate on an after-tax basis plus an additional two percent for administrative expenses from the beginning of the 19th month through the end of the 36th month. If a second qualifying event occurs within the 19th through 29th month of COBRA coverage extended for disability, your premiums will be increased by an additional 50 percent through the end of the 36th month.

Less Expensive Plan

Can I elect a less expensive plan now that I am eligible for COBRA coverage?

No, you cannot change plans outside of an Annual Enrollment period. However, when an Annual Enrollment period is made available to similarly-situated active employees, you and each covered family member can elect separately the plans under which COBRA is continued.

Revoking Waiver of COBRA Coverage

Can I revoke my waiver of COBRA coverage before the end of the COBRA election period?

If you waive COBRA coverage during the 60 calendar day election period, the waiver can be revoked at any time before the end of the election period. Revocation of the waiver is an election of COBRA coverage, although coverage need not be provided retroactively (that is, you may not be granted coverage from the date of your loss of coverage until the date you revoke your waiver).

Re-enrolling in COBRA

Can I re-enroll in COBRA if I dropped COBRA coverage?

You can re-enroll if you are still within the 60 calendar day COBRA enrollment period. Once the 60 calendar day COBRA enrollment period ends, you can’t enroll or re-enroll for COBRA coverage.

Plan Coverage During COBRA

Will my coverage under my plan be the same while I am on COBRA coverage?

Yes, your coverage through COBRA will be the same as provided under the plan to other similarly situated employees and subject to the same plan policies and limitations.

ID Cards

Can I continue to use my ID card with COBRA?

For most plans, the identification card you used as an active employee is still appropriate for use with your COBRA coverage.

You should confirm the status of your card with your health plan.

How can I get ID cards for my covered family members?

Contact your medical or dental plan, as applicable, for any health care plan ID cards you need.

Enrolling a Family Member under COBRA

Do I have to enroll all my family members?

No, you do not have to enroll all of your family members. Each eligible family member has the right to enroll for COBRA coverage. You can enroll as a family, but you do not have to.

Can I enroll my domestic partner under COBRA coverage?

Although not legally required to do so, Marsh McLennan extends COBRA coverage to domestic partners of Marsh McLennan employees and/or their dependent children who have coverage under the Company Benefits Program. (A few medical plans may not extend COBRA to domestic partners or their children; refer to the specific medical plan section to learn about COBRA availability.)

This coverage may be changed or terminated by the Company at any time.

What is the COBRA coverage period if my family member is totally disabled when qualifying for COBRA coverage?

If your family member is disabled according to the Social Security Administration when they qualify for COBRA coverage or become disabled according to the Social Security Administration within the 60 calendar day COBRA election period, you and your covered family members can extend your COBRA coverage for an additional 11 months, for a total of 29 months from the qualifying event.

Note that your premiums are increased to 150% of the full group rate for those additional 11 months from the beginning of the 19th month through the end of the 29th month.

If a second qualifying event occurs within the first 18 months of the COBRA coverage, you pay the full group rate on an after-tax basis plus an additional two percent for administrative expenses from the beginning of the 19th month through the end of the 36th month. If a second qualifying event occurs within the 19th through 29th month of COBRA coverage extended for disability, your premiums will be increased by an additional 50 percent through the end of the 36th month.

Changes While on COBRA

Can I make changes in my COBRA coverage during Annual Enrollment?

Yes, you can make changes to your COBRA coverage during Annual Enrollment. You can make the same changes to coverage you would if you were an active employee. For example, you can elect a different medical or dental plan if available in your resident location. When making changes, make sure to complete the enrollment form and return it as the form instructs.

Once I enroll in COBRA can I change plans if I relocate?

You can change plans if you move out of your medical service area after you choose your COBRA coverage. You have to notify the Company's COBRA Administrator within 30 calendar days of the date of your relocation.

How do I change my address if I move?

Once you are on COBRA, contact the Company's COBRA Administrator to register an address change. You may also want to notify your Human Resources representative as well so the Company's records will remain accurate.

Paying for COBRA Coverage

The cost to you to continue coverage is the full group rate on an after-tax basis, plus an additional two percent for administrative expenses.

If your coverage is extended from 18 to 29 months for disability, the cost to continue coverage is the full group rate, plus an additional 50% because of higher medical costs as a result of disability.

You pay monthly for your COBRA coverage.

How is the cost of my COBRA coverage determined if I am or my covered family member is totally disabled?

If you are disabled according to the Social Security Administration before you become eligible for COBRA or within the 60 calendar day COBRA election period, you are entitled to continue your COBRA coverage for a total of 29 months. Your COBRA cost is determined this way:

- For the first 18 months of coverage, your COBRA cost would be 100% of the group rate, plus an additional 2% to cover the Company's administrative expenses
- For the 11 months of extended coverage because of your disability, your COBRA cost would be 150% of the Company group rate (assuming the disabled family member is included in that coverage under the plan).

When do costs change?

Your COBRA costs may change:

- when the cost of the plan for all similarly-situated employees changes
- after you complete the first 18 months of COBRA coverage, if you are entitled to continue COBRA coverage because you are considered disabled by the Social Security Administration
- if you add or drop a family member and the coverage level changes.

You will be sent a notification of any change in the cost of your COBRA coverage.

Where do I send my COBRA payments?

Send your COBRA payments to the Company's COBRA Administrator. You should make your COBRA checks payable to My Benefits Service Center.

When do I have to pay for coverage?

You have to send your first payment for COBRA coverage within 45 days of your COBRA election. Your first payment has to include all of your back payments, beginning with the date you lost coverage because of a qualifying event, up to and including the month you send in your first payment. For example, if your coverage ended on June 30 and you return your election form on August 15, you have until September 30 to send in the back payment due for July, August and September, as well as October's payment. In this example, your payment would be for four months of COBRA coverage.

After you make your first payment, you have to make payments for the upcoming month's coverage by the date shown on your COBRA invoice.

What happens if I am already enrolled in COBRA and miss my payment deadline?

If you miss your payment deadline, you have a grace period of 30 days. If you do not make your payment by the end of the grace period, your COBRA coverage will automatically end and will not be reinstated.

Can I have my family members' COBRA premiums deducted from my paycheck?

No, you can't have COBRA premiums for family members deducted from your paycheck. You have to submit premium payments directly to the Company's COBRA Administrator by check.

If I am offered COBRA coverage because my status on the Marsh McLennan payroll has been reclassified as temporary from regular, can my COBRA premiums be deducted from my paycheck?

No, you can't have your COBRA premiums deducted from your paycheck. You have to submit premium payments directly to the Company's COBRA Administrator by check.

Will I be sent a monthly bill in the mail?

Yes, you will be sent a monthly COBRA bill at your last known address. However, if you do not receive the bill, you must still make payments by your due date in order for your coverage to continue. Neither the Company nor its COBRA Administrator are required to send bills for COBRA coverage.

Extending Benefits Due to Disability

If a family member or I become totally disabled while on COBRA coverage, can we extend benefits?

If you (or a family member) are disabled as determined by the Social Security Administration on the date COBRA coverage begins or within the first 60 days of COBRA coverage, your COBRA coverage can be extended for an additional 11 months, for a total of 29 months, or up to 36 months if there is a second qualifying event during the 29 month period.

Note that your premiums are increased by an additional 50 percent for the additional 11 months from the beginning of the 19th month through the end of the 29th month. If the second qualifying event occurs within the first 18 months of COBRA coverage, you pay the full group rate on an after-tax basis plus an additional two percent for administrative expenses from the beginning of the 19th month through the end of the 36th month. If a second qualifying event occurs within the 19th through 29th month of COBRA coverage extended for disability, your premiums will be increased by an additional 50 percent through the end of the 36th month.

If you or a family member becomes totally disabled after the first 60 days of COBRA coverage, you or that family member are not eligible for an 11-month COBRA disability extension.

When do I need to inform the Company of my disability?

You must inform the Company's COBRA Administrator of the Social Security Administration's determination of disability within the first 60 days after the Social Security Administration's determination and before the end of the 18-month COBRA coverage period.

Impact of Medicare Eligibility

I am actively employed and turning age 65; what will happen to my current medical plan coverage?

As long as you are actively employed, both you and your spouse will remain in the current Company healthcare plan, which will pay benefits first. Once you or a covered spouse is deemed to be eligible for Medicare, Medicare will pay secondary, and the Company plan will continue to pay primary.

How are my domestic partner's claims paid if I am actively employed and my domestic partner becomes Medicare eligible due to age?

If your domestic partner is 65 or over and becomes Medicare eligible, Medicare pays primary.

How are my domestic partner's claims paid if I am actively employed and my domestic partner becomes Medicare eligible due to disability?

If your domestic partner is under age 65 and becomes Medicare eligible, Medicare pays primary.

I am currently on COBRA and turning age 65; what will happen to my COBRA coverage?

If you are on COBRA coverage and enroll in Medicare Part A or B when you turn 65, your COBRA coverage will end. You can continue your COBRA coverage beyond age 65 and delay enrolling in Medicare. Your COBRA coverage will end when you actually enroll in Medicare, and your family members can continue COBRA coverage for themselves for the remainder of the 18 months from the date of the original qualifying event when you enroll in Medicare.

Note: Delaying enrollment in Medicare may result in late enrollment penalties. For each 12-month period that you could have enrolled in Medicare Part B but did not, late enrollment penalties may be assessed.

What if I am enrolled in Medicare and later become eligible for and elect COBRA coverage?

If the effective date of your enrollment in either Medicare Part A or B is on or before the date that your COBRA continuation coverage is elected, then you can be enrolled in both Medicare and COBRA continuation coverage simultaneously.

If I terminate employment, elect COBRA and then enroll in Medicare, can my family members still continue their COBRA coverage?

Yes. If you enroll in Medicare after you elect COBRA and you are within the original maximum continuation period of your qualifying event, your family members can continue their COBRA coverage for up to 18 months from the date of the original qualifying event (your termination of employment).

When COBRA Coverage Ends

COBRA coverage can end for you or a covered family member (as applicable) on the first of the following to occur:

- the last day of your allowable COBRA continuation period
- you fail to make a payment within 30 days of the due date (you are permitted 45 days to make your initial COBRA payment)
- you become covered under another group health plan after making the COBRA election that does not have any pre-existing condition exclusion or limitation that applies to you
- the day you first become covered by Medicare after making the COBRA election

- the Company stops offering all group health plans
- for extended disability coverage, the first of the month that begins at least 30 days after the date you are no longer considered disabled for Social Security purposes
- you engage in misconduct, such as submitting fraudulent claims.

Coverage Extensions

You can have a coverage extension in the following cases:

- A second qualifying event, such as divorce or a child's loss of dependent status may occur while coverage is being continued for the 18-month COBRA coverage period. If this happens, the spouse and the children already receiving continuation coverage may be eligible for additional months of coverage, up to a maximum of 36 months from the date of the original qualifying event.
- Disability extension: if the Social Security Administration issues a determination that you or another qualified family member is "disabled" at the time of or within 60 calendar days of the COBRA qualifying event due to your termination of coverage or reduction in hours, you may qualify for up to an additional 11 months of COBRA coverage, or up to a total of 29 months of COBRA coverage.

Continuing Coverage after COBRA Ends

Can I continue my coverage once my COBRA ends?

If you or a covered family member's COBRA coverage ends as a result of the expiration of the maximum coverage period, the group health plan must, during the 180-day period ending on the COBRA coverage expiration date, provide you or your covered family member the option of enrolling in a conversion health plan (i.e., and individual policy) if this option is otherwise available to similarly-situated non-COBRA beneficiaries under the group health plan. Your costs won't be based on the Company's group rates, and the Company won't have any involvement with your coverage.

Note: You may also have certain legal rights to convert to an individual policy after your group coverage ends. However, no conversion option is offered under MetLife Dental Plan. If you have HMO coverage, you should contact your plan's Claims Administrator to find out if a conversion policy is offered when COBRA coverage ends.

Health Plan No Longer Offered

What if the Company stops offering the group health plan under which I elected COBRA coverage?

You will be permitted to elect another Company-sponsored group health plan provided to similarly-situated active employees for the duration of your COBRA coverage.

Covered by More Than One Plan

If I am covered by the Company's plan and another plan and lose coverage under the Company's plan, can I elect COBRA coverage?

Yes, you can elect coverage under COBRA if you lose coverage under the Company's plan due to a qualifying event.

Continuing COBRA with New Employer

Can I continue COBRA coverage even though my new employer offers coverage?

You cannot continue COBRA coverage if, after you have elected COBRA, your new employer offers coverage, unless the plan has a pre-existing condition, exclusion or limitation that affects you. (In that case, the Company has the right to terminate your COBRA coverage once your new employer's plan's conditions to coverage are satisfied.)

Filing a Claim under COBRA

How do I submit a claim?

As with active coverage, you must complete and submit a claim form for benefits from the following plans:

- Medical Plans
- Dental Plan
- Health Care Flexible Spending Account
- Limited Purpose Health Care Flexible Spending Account

Complete the claim form and return it to the Claims Administrator as the form instructs.

Where do I get a claim form?

You can obtain a claim form from the Claims Administrators. For information on the claims process of another plan, refer to the specific plan.

How do I appeal a benefit determination or denied claim?

There are special rules, procedures and deadlines that apply to appeals of benefit determinations and denied claims, and you have special legal rights under ERISA. Refer to the specific plan for a description of the appeal process.

COBRA Contact

For more information, contact the Company's COBRA administrator.

For election forms and premium payments:

My Benefits Service Center
P.O. Box 2672
Omaha, NE 68108-2672

For all other correspondence:

My Benefits Service Center
P.O. Box 350
Conshohocken, PA 19428

Phone: +1 866 324 4087 Monday through Friday, 8:30 a.m. to 5:30 p.m., Eastern time.

Website: http://www.cobra-link.com/

The Company has hired My Benefits Service Center to administer this plan. To the maximum extent permitted by law, My Benefits Service Center's decisions are final and binding.

HIPAA

This section explains your rights under HIPAA, which stands for the Health Insurance Portability and Accountability Act of 1996, and is designed to protect health insurance coverage for you and your covered family members if your Company medical coverage ends.

HIPAA includes protections for coverage under group health plans that:

- Limit exclusions for pre-existing conditions
- Prohibit discrimination against employees and family members based on their health status
- Allow a special opportunity to enroll in a new plan to individuals in certain circumstances.

How HIPAA Works

HIPAA prohibits discrimination in getting medical coverage because of your health status, physical or mental medical condition, claims experience, receipt of health care, medical history, genetic information, evidence of insurability or disability.

HIPAA requires a special enrollment period for group health plans if you declined coverage before because of other health insurance or COBRA coverage.

Plans Covered

The following plans are eligible plans under HIPAA:

- Medical

Limited-scope dental or vision plans, nursing home care, home health care, community-based care and other similar limited benefits are not covered under HIPAA.

Contact

For more information, contact HR Services at +1 866 374 2662.

Enrollment

Special Enrollment

If I don't enroll when I am first eligible, can I elect group medical coverage later on?

Yes. A special enrollment opportunity occurs if an individual with other health insurance loses that coverage or if a person becomes a new eligible family member through marriage, birth, adoption, or placement for adoption. However, you must first notify the plan of your request for special enrollment within 30 calendar days after losing your other coverage or within 30 calendar days of having (or becoming) a new eligible family member. You register the event by going to Colleague Connect (**https://mmcglobal.sharepoint.com/sites/home**).

You may also enroll during Annual Enrollment.

Nondiscrimination Requirement

Can my coverage be denied based on my health status?

No. Your coverage can't be denied, and you can't be excluded, under your medical plan just because you have a particular physical or mental illness, medical condition, or genetic information.

Change in Health Status

Can I lose coverage or be charged more for coverage if my health status changes?

Under HIPAA, your medical plan may not establish rules for eligibility (including continued eligibility) of any individual to enroll under the terms of the plan based on health status related factors. These factors include:

- health status
- medical condition (physical or mental)
- claims experience
- receipt of health care

- medical history
- genetic information
- Evidence of Insurability
- disability

You will not be required to pay a premium or contribution that is greater than that for a similarly situated individual based on a health status related factor.

Pre-existing Conditions and Coverage Information

Keeping Same Benefit

Does HIPAA guarantee that I will receive the same benefits I had under the old plan?

No. When you change from one plan to another, you will receive the benefits provided under the new plan.

Keeping My Doctor

Does HIPAA let me keep my doctor who is currently treating me for my pre-existing condition?

You may be able to keep the same doctor; however, it depends on the benefits and the provider network offered under your new plan. HIPAA does not require that your same doctor continue to treat you.

Pre-existing Condition Exclusions

Does a pre-existing condition exclusion apply to me?

The Company medical plan does not have a pre-existing condition exclusion.

A pre-existing condition is a medical condition present before your enrollment date.

Genetic information may not be treated as a pre-existing condition in the absence of a diagnosis.

Plans Covered under HIPAA

What plans are covered under HIPAA?

HIPAA covers:

- Medical.

Limited-scope dental or vision plans, nursing home care, home health care, community-based care and other similar limited benefits are not covered under HIPAA.

Glossary

ACTIVELY-AT-WORK

If you are eligible for coverage and enroll as a new hire, you are “Actively-At-Work” on the first day that you begin fulfilling your job responsibilities with the Company at a Company-approved location. If you are absent for any reason on your scheduled first day of work, your coverage will not begin on that date. For example, if you are scheduled to begin work on August 3rd, but are unable to begin work on that day (e.g., because of illness, jury duty, bereavement or otherwise), your coverage will not begin on August 3rd. Thereafter, if you report for your first day of work on August 4th, your coverage will be effective on August 4th.