

Important Notice

Special Enrollment Requirements from CIGNA HealthCare

This flyer contains important information you should read before you enroll. If you have any questions about this information, please contact your benefits manager.

If You Are Declining Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if:

- You or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If the other coverage is COBRA continuation coverage, you and your dependents must complete your entire COBRA coverage period before you can enroll in this plan, even if your former employer ceases contributions toward the COBRA coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Effective April 1, 2009 or later, if you or your dependents lose eligibility for state Medicaid or Children's Health Insurance Program (CHIP) coverage or become eligible for assistance with group health plan premium payment under a state Medicaid or CHIP plan, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the state Medicaid or CHIP coverage ends or you are determined eligible for premium assistance.

To request special enrollment or obtain more information, contact our Customer Service Team at 1.800.CIGNA24

Other Late Entrants

If you decide not to enroll in this plan now, then want to enroll later, you must qualify for special enrollment. If you do not qualify for special enrollment, you may have to wait until an open enrollment period, or you may not be able to enroll, depending on the terms and conditions of your health plan. Please contact your plan administrator for more information.

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance or copays applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, call our Customer Service Team at 1.800.CIGNA24 (1.800.244.6224).

Protecting Your Confidentiality

Protection of Your Confidential Information

At CIGNA HealthCare, we are committed to maintaining the confidentiality of our members' health information. We have established policies and safeguards to protect oral, written and electronic information across our organization.

Information About CIGNA HealthCare Privacy Practices

Our Notice of Privacy Practices is distributed at enrollment to all customers covered under a medical insurance policy. Customers covered under self-insured medical plans will receive notices from their employers and can obtain a copy of CIGNA HealthCare's notice by calling Customer Service.

Release of Confidential Information

We will not use or disclose your confidential information for any purpose other than the purposes permitted by the HIPAA Privacy Rule without your written authorization.

For example, we will not supply confidential information to another company for its marketing purposes or to a potential employer with whom you are seeking employment unless you authorize it.

Access to Your Medical Records

You may ask to inspect or to obtain a copy of your confidential information that is included in certain records we maintain. We may charge you copying and mailing costs. Under limited circumstances, we may deny you access to a portion of your records. Instructions on how to obtain a copy of your records will be included in the privacy notice you receive from CIGNA HealthCare or your employer after you enroll.

Information to Employers

We may disclose your confidential information to your employer or to a company acting on your employer's behalf so that it can monitor, audit and otherwise administer the health plan in which you participate. Your employer is not permitted to use the confidential information we disclose for any purpose other than administering your health plan.



Pre-existing Condition Limitations

Benefit Limitations for Pre-Existing Conditions

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to this plan, you might 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. 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.

Credit for Prior Coverage

This exclusion may last up to 12 months (18 months if you are a late enrollee) from your first day of coverage, 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. To reduce the 12-month (or 18-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 your CIGNA Customer Service Representative if you need help demonstrating creditable coverage.

The following types of plans are considered creditable:

- a self-insured group health plan;
- an individual or group health insurance plan or HMO plan;
- Part A or Part B of Medicare;
- Medicaid, except coverage solely for pediatric vaccines;
- a health plan for current and former members of the armed forces and their dependents;

- a plan provided through the Indian Health Service;
- a state health benefits risk pool;
- the Federal Employees Health Benefits Program;
- a plan provided under the Peace Corps Act;
- a state, county or municipal public health plan;
- coverage provided under state or federal health continuation mandates (such as COBRA); and
- an individual or group health conversion plan.

If you have not been covered under any health care plan for 63 days or more, your coverage under prior plans will not be creditable. Eligibility waiting periods will not count toward the 63 days.

If you already have a certificate of creditable coverage from your prior plan, please attach a copy (do not send the original) to your enrollment form. If you do not have a certificate at this time, you should still complete and submit your enrollment materials.

If for any reason, you need to submit your certificate of creditable coverage after you enroll, please send it to the following address:

Eligibility Services
CIGNA HealthCare
900 Cottage Grove Road
Routing C2ECC
Hartford, CT 06152
OR via fax to
1.800.476.0097

Once your prior coverage records are reviewed and credit is calculated, you will receive a notice of your available credit and your remaining pre-existing condition limitation period.

Please Note: Pre-existing condition limitations may vary because of state law. Please consult your plan administrator or plan documents for more details.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to CIGNA Eligibility Services at 1.860.226.3058.

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