

**Blue Cross and Blue Shield of Minnesota  
and Blue Plus**  
P.O. Box 64560  
St. Paul, MN 55164-0560  
651 662-8000  
800 382-2000



### **HIPAA notice of special enrollment**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, including coverage through medical assistance or Children's Health Insurance Program (CHIP), 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 towards your or your dependents' other coverage). However, you must request enrollment **within the time period specified by your plan (you can check a copy of your plan document)** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

You may also be able to enroll yourself and your dependents if you become eligible for premium assistance through your state's Medicaid agency. You must request enrollment within 60 days after the date you and/or your dependents are determined to be eligible for premium assistance.

In addition, if you acquire 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 **the time period specified by your plan (you can check a copy of your plan document)** after the marriage, birth, adoption or placement for adoption.

### **General notice of preexisting condition exclusion**

This plan excludes coverage for health conditions individuals age 19 and older may have before enrolling in this plan. Unless you have continuous qualifying health coverage, you may have to wait a certain period of time for your preexisting health conditions to be covered. The exclusion applies to conditions for which medical advice, diagnosis, care or treatment was recommended or received in up to a six-month period before your enrollment date. This exclusion does not apply to pregnancy or 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 (or 18 months for a late entrant) from your first day of coverage or the first day of your waiting period. A late entrant is an individual who does not enroll in the plan when first eligible to do so. The exclusion can be reduced by any days of creditable health care coverage you had before enrolling if there is no gap in this coverage greater than 63 days. Your application for an individual policy during a gap in coverage could reduce the gap in coverage. To reduce the exclusion period that applies to you, give us a copy of any certificate(s) of creditable coverage from a previous employer. If you do not have a certificate but you have prior coverage, contact your former employer for a certificate. If you cannot obtain a certificate, we will help you get a certificate from your former employer or insurer. You can demonstrate creditable coverage by proving that you were covered using other documentation.

If you have questions about these notices, you may contact Blue Cross and Blue Shield of Minnesota and Blue Plus customer service at **(651) 662-5001** or **1-800-531-6676**.

**bluecrossmn.com**