



Pre-existing Conditions

What is a pre-existing condition?

A pre-existing condition is a physical or mental condition for which medical advice, medication, diagnosis, care, or treatment was recommended or received within a specified time period before a person's initial enrollment eligibility date with BCBSNM. Pregnancy and pregnancy-related diagnoses are **not** considered pre-existing conditions. Many health plans have pre-existing conditions limitations which specify a waiting period during which services for the pre-existing condition will not be covered by the new plan.

How does a pre-existing condition affect my health coverage?

For any late enrollee whose situation is not described as a "special enrollment," the effective date of coverage will be delayed 90 days from the date the application is signed. A **one-year** pre-existing condition limitation, beginning on the date the employee signed the enrollment application for the late enrollee's coverage, will apply to the Nonpreferred Provider (out-of-network) level of benefits.

For 12 months following the late enrollee's initial enrollment eligibility date (or nine months following his/her effective date of coverage), benefits for Nonpreferred Provider services that are related to any pre-existing condition limitation are limited to a **\$1,000 maximum benefit**. This maximum benefit is subject to applicable copayments, deductibles, and coinsurance. After the pre-existing condition limitation time period is satisfied, regular plan coverage provisions apply to Nonpreferred Provider services without any pre-existing condition limitation. **Pre-existing condition limitations apply only when you obtain care from Nonpreferred Providers.**

Is there ever a reduction in the waiting period?

The pre-existing conditions waiting period will be reduced for any member who had comprehensive medical/surgical insurance coverage that was either still in effect, or was terminated within 63 days of his/her initial enrollment eligibility date with BCBSNM. The pre-existing conditions waiting period will be reduced by at least the length of time you were continuously covered under the prior plan. Proof, in the form of a Certificate of Creditable Coverage (issued by your previous health plan), is required at enrollment.

For any employee (and his/her eligible dependents) who lost group coverage due to military service, was re-employed and applied for reinstatement of coverage according to the guidelines of USERRA of 1994, the group's pre-existing conditions waiting period will continue to be credited during the employee's military service.

How do I get a Certificate of Creditable Coverage?

Your previous health care plan is responsible for providing this information to you. Call the Customer Service Department of your previous insurance carrier if you need a certificate.

Are there exceptions to the pre-existing conditions limitation?

Yes, the following members are not subject to the pre-existing conditions limitation:

- A newborn child added to coverage within the time limits specified under your plan.
- An adopted child under age 18 or the child under age 18 placed in the member's home for the purpose of adoption added to coverage within the time limits specified under your plan.

What if I receive a Pre-existing Conditions Questionnaire?

As part of researching claims and determining pre-existing conditions, BCBSNM may send a Pre-existing Conditions Questionnaire to a provider. If you received services for a possible pre-existing condition from a provider who is not contracted with BCBSNM, we will send the questionnaire to you; it is your responsibility to have the form completed and returned to us for review.