

**Group Health Plan
Health Insurance Portability & Accountability Act (HIPAA) Notice
Pre-Existing Condition Limitation**

This notice includes important information about the group health plan requirements under the Health Insurance Portability and Accountability Act (HIPAA). Our records show that you may be eligible to participate in the group health plan. (To actually participate, you must complete an enrollment form.) The group health plan in which you are entitled to enroll has a 12-month pre-existing exclusion applicable to all employees and dependents entering or re-entering the Plan, except as set forth under HIPAA. Please read this document carefully and keep it for future reference.

What is considered a pre-existing condition?

“Pre-existing condition” means any condition (except pregnancy) for which medical advice, diagnosis, care or treatment was recommended or received within the six-month period ending on your enrollment date. “Enrollment date” is the date of full-time hire, not the date eligible for coverage under the health plan.

Coverage is excluded for expenses incurred related to a pre-existing condition.

Coverage for pre-existing conditions will be excluded for a period of time immediately following your enrollment date. You have the right to demonstrate that you had prior health coverage (“creditable coverage”), which may reduce your pre-existing limitation. Creditable coverage does not apply, however, to any coverage that was in place prior to a 63-day break in coverage.

How to qualify for a reduction in the pre-existing limitation.

To qualify for this reduction, you must obtain a certificate of coverage from your prior health plan or issuer. The certificate should contain the following information:

- The date the certificate of coverage was issued;
- The name of the group health plan that provided the coverage;
- The name of the individual to whom the certificate of coverage applies;
- The name, address, and telephone number of the Plan Administrator or issuer providing the certificate of coverage;
- Either a statement that the individual has at least 18 months (546 days) of creditable coverage, not counting days of coverage before a significant break in coverage, or the date any waiting period began and the date creditable coverage began; and
- The date creditable coverage ended, unless the certificate of coverage indicates that coverage is continuing.

You should send the certificate to the following address:

Teresa Dingee
North America Administrators, LP
P O Box 1984
Nashville, TN 37202

You have the right to request a certificate of coverage from your prior health plan. North America Administrators, (the Plan Representative) will assist you in obtaining this certificate, if necessary.

If, within a reasonable time after receiving the information about creditable coverage, it is determined that a limitation for pre-existing conditions applies, you will be notified in writing, specifying the source of any information that was relied upon in reaching that determination. The notification will also explain the Plan’s appeals procedures and give you a reasonable opportunity to present additional evidence.

If you have any questions concerning the above information, you may contact Teresa Dingee at 800-411-3650, ext. 149, or 615-256-3561, ext. 149, or via email: tdingee@naa-lp.com.