

## PRE-EXISTING CONDITIONS

(From TRS Benefits Booklet)

A **Pre-Existing Condition** is defined under HIPAA as a condition for which medical advice, diagnosis, care or treatment was recommended and received within the six-month period ending on the enrollment date in a health plan (the look-back period). Taking prescription medications during the look-back period constitutes receiving treatment.

Your plan may deny benefits for a preexisting condition during a 12-month waiting period beginning on your enrollment date. (If you do not enroll in a timely manner, the maximum waiting period is 12 months from the date coverage begins.) A preexisting condition exclusion does not apply to a pregnancy or to a newborn child or adopted child under age 18 who becomes covered within 31 days from date of birth or adoption. A genetic condition without advice, care or treatment is not a preexisting condition.

The existence of a preexisting condition will be determined using information obtained relating to an individual's health state before his or her enrollment date. An individual's enrollment date remains the same even if the individual changes benefit package options, as permitted by plan rules.

The preexisting condition waiting period is reduced by an creditable coverage (prior coverage under various plans including, but not limited to, group health plan, individual health policies, Medicare and Medicaid). You may obtain a certificate of creditable coverage from a prior plan sponsor or health insurance issuer. Should you disagree with the length or creditable coverage determined by TRS-ActiveCare, you have the right to appeal that determination and provide additional evidence of creditable coverage.