Health Insurance Portability & Accountability Act (HIPAA)

Under the Health Insurance Portability and Accountability Act (HIPAA), the time an individual is covered under group health plans coverage after July 1, 1996 may be used to reduce a new health plan's pre-existing condition period.

A new enrollee receives credit for his/her prior health coverage by presenting to the new employer or the health plan a Certificate of Creditable Coverage. An insurer or the previous employer usually provides this certificate.

The Certificate of Creditable Coverage provides information on how long an individual has been covered under a particular health plan. With this certificate, the individual can reduce a new health plan's pre-existing condition period by the amount of time the individual was covered by the previous health plan.

Automatic Certificates of Creditable Coverage will be provided to all covered individuals who lose insurance under this health plan when one of the following apply:

- An individual who is not a COBRA qualified beneficiary – a certificate will be provided at the time the individual ceased to be covered under the plan.
- An individual who is a COBRA beneficiary – a certificate will be provided at the time of the COBRA event, but not later than the time a COBRA notice is required.
- A COBRA qualified beneficiary who has elected COBRA coverage – a certificate will also be provided at the time COBRA coverage ceases.

Requests for certificates are permitted to be made by, or on behalf of, any individual within 24 months after coverage ceases.

Pre-Existing Conditions
Covered charges incurred for pre-existing conditions are not payable unless incurred after the person has been covered under this plan for a maximum of twelve (12) consecutive months, starting on the date of hire. This limitation does not affect benefits for a sickness or injury, which start after a person becomes covered under the plan.

A pre-existing condition is a condition (whether physical or mental) regardless of the cause of the condition for which medical advice, treatment, diagnosis, or care was recommended or received during the 90 days immediately preceding the enrollment date in the health plan.

The enrollment date is defined as the first day of coverage, or if there is a new hire waiting period, the first day of the waiting period (date of hire) for a person enrolling when first eligible.

The limitation for a pre-existing condition applies during the first twelve (12) months of coverage for an employee or an eligible dependent. During this period, beginning on the enrollment date, expenses for the treatment of the pre-existing condition are not covered.

The plan will not apply pre-existing condition limitations to pregnancy, regardless of whether a woman had previous coverage. The pre-existing condition limitation will not apply to a newborn adopted child, or child placed for adoption, under the age of 19, until after thirty (30) days from the date of birth, adoption, or placed for adoption, and provided the child does not incur a subsequent 63-day or longer break in coverage.

The employee or eligible dependent should check with their previous employer to obtain a Certificate of Creditable Coverage, which could possibly reduce the 12-month pre-existing condition limitation by the amount of time the employee or eligible dependent was covered by the previous health plan.

Creditable coverage means benefits or coverage that are continuous to a date, within sixty-three (63) days of the effective date of coverage, under this plan and includes:

- A group health plan.
- Health insurance coverage consisting of medical care, provided directly, through insurance or reimbursement, or otherwise and including terms and services paid for medical care, under any hospital or medical service policy or certificate, hospital or medical service plan contract or health maintenance contract offered by a health insurance issuer.
- Part A or Part B of Title XVIII of the Social Security Act.
- Title XIX of the Social Security Act, other than the coverage consisting solely of benefits under section 1928.
- Chapter 55 of Title 10, United States Code.
- A medical care program of the Indian Health Service or of a tribal organization.
- The Florida Comprehensive Health Care Association or another state health benefit risk pool.
- A health plan offered under Chapter 89 of Title 5, United States Code.
- A public health plan as defined by the Department of Insurance.
- A health benefit plan under section 5(E) of the Peace Corps Act 22 United States Code, 2504(e).