

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

### **Benefits - Pre-Existing Conditions**

The State Health Plan and the HMO plans are subject to a pre-existing condition provision. For the State Health Plan: any medical condition, regardless of the cause of the condition, for which medical advice, diagnosis, care, or treatment was recommended or received by a licensed health care provider or practitioner in the twelve months preceding the covered person's enrollment date under the plan is considered a pre-existing condition.

Benefits for a pre-existing condition are payable only for treatment rendered 12 months after the enrollment date of a covered person, or 18 months after the enrollment date for a late entrant. However, under the Federal Health Insurance Portability and Accountability Act (HIPAA), creditable coverage under another insurance plan without a break in coverage of greater than 62 days prior to the enrollment date under the state plan may be applied toward the 12- or 18-month pre-existing exclusion period.

Contact the individual HMOs for an explanation of the pre-existing exclusion under the HMO plans.