

WESTERN MUTUAL INSURANCE COMPANY

P.O. Box 572450 ♦ Salt Lake City, Utah ♦ 84157-2450
(801) 263-8000 ♦ (800) 748-5340 ♦ Fax: (801) 263-1247

Supplemental Information to be included with the Idaho Small Employer Application.

Important Information for Applicant and Eligible Dependents regarding the Preexisting Condition Exclusion and Initial Notice About Special Enrollment Rights

I. Preexisting Condition Exclusion Rules

This plan imposes a preexisting condition exclusion. If you have a preexisting condition before coming to our plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. A preexisting condition is defined as “a physical or mental condition, regardless of the cause of the condition, for which medical advice, care or treatment was recommended or received within the six (6) months prior to the enrollment date.” The preexisting condition exclusion does not apply to 1) pregnancy; 2) genetic information in the absence of a diagnosis of the condition related to such information; or 3) a child who is enrolled in the plan within sixty (60) days after birth, adoption, or placement for adoption.

Preexisting conditions are ineligible for benefits during the first twelve (12) months of coverage. However, the length of this exclusion period will be reduced by the number of days of your prior “creditable coverage.” Examples of creditable coverage are: group health insurance; individual health insurance; Medicare and Medicaid; and government programs such as, public health plans, state high risk pools, or military plans. Your prior coverage can be used to reduce the preexisting condition exclusion as long as you have not experienced a break in coverage of sixty-three (63) days or more. You should give us a copy of any certificates of creditable coverage you have received. If you do not have a certificate, but you did have prior health coverage, we will help you obtain one from your prior plan. There are also other ways that you can show that you have creditable coverage. Please contact our Claims Department at (801) 263-8000 or (800) 748-5340 if you need help demonstrating creditable coverage.

II. Notice of Special Enrollment

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if employer contributions towards your or your dependent’s other coverage terminate), provided that you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents, provided that you request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request such special enrollment, please contact our Enrollment Department at (801) 263-8000 or (800) 748-5340.