

Pre-Existing Condition Clause

A pre-existing condition clause currently exists for the PPO, High Deductible PPO, EPO, and High Deductible EPO contracts. This means that during the first year of membership, members will not have coverage for conditions for which they had a diagnosis, sought treatment, or received advice in the previous six months, unless they had other insurance coverage during that time. The clause does not pertain to pregnancy, newborn care, or HMO group contracts.

A member qualifies as having a pre-existing condition if he/she has had diagnosis, treatment, or medical advice for something within six months prior to the date enrolled with CDPHP. No coverage for that condition will be covered for a 12-month waiting period from date of enrollment.

If a member receives a questionnaire from CDPHP regarding his/her pre-existing conditions, it is important to complete and return it right away so that payment of claims will not be unnecessarily delayed.

Large groups may purchase a rider to have the pre-existing condition clause waived.

EXCEPTIONS/MODIFICATIONS

CDPHP will reduce or waive the 12-month waiting period if the member had continuous insurance coverage with another carrier during the 12 months prior to enrollment with CDPHP. A grace period of 63 days is allowed. So, if coverage was not precisely continuous, but there was no time period without coverage over 63 days in length, that will be sufficient.

EXAMPLES:

- The member had coverage for the entire previous year (or longer) without a break of more than 63 days: CDPHP will credit the member 12 months and there will be no waiting period.
- The member had coverage from January through March of the previous year and enrolled with CDPHP plan on January 1: There is no credit because the break is over 63 days.
- The member had coverage for November of the previous year and enrolled with a CDPHP plan on January 1: CDPHP will credit the member for November and reduce the waiting period to 11 months.

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