

HORIZON HELPFUL HINTS FOR CLAIMS

DO I HAVE A PRE-EXISTING CONDITION?

If you purchased your Horizon HMO coverage directly or if you are part of a small employer group or if you enrolled late, you may have been asked about a pre-existing condition. Chances are you're unsure if you have a pre-existing condition and have questions about how it may impact your coverage.

To help you understand pre-existing conditions, we've answered some frequently asked questions below:

WHAT IS A PRE-EXISTING CONDITION?

A pre-existing condition is usually defined as an illness or injury which manifests itself or appears in the six months before your enrollment in Horizon HMO begins, and for which you:

- **Have seen a practitioner, taken prescribed drugs, received other medical care or treatment, or had medical care or treatment recommended by a practitioner in the six months before your coverage starts,**
- **Or for some coverages, an ordinarily prudent person would have sought medical advice, care or treatment in the six months before his/her coverage started.**

Once an illness or injury is considered a pre-existing condition, your Horizon HMO plan may not pay for care and services related to it for a period of time--this is called a pre-existing condition limitation.

Please note: *A pre-existing condition can be related to a physical illness or injury or a mental health condition.*

CAN THE PRE-EXISTING LIMITATION BE WAIVED?

Yes. The pre-existing condition limitation is waived if you received benefits or were covered for the pre-existing condition under a previous qualifying health plan. In that case, you are given credit for the time you were previously covered--this is called creditable coverage. Creditable coverage applies regardless of your previous plan's pre-existing condition limitations rules.

CAN I DO ANYTHING TO HELP YOU PROCESS MY CLAIMS QUICKLY?

When you first join Horizon HMO, your claims may initially take longer to process because we need to investigate any pre-existing conditions.

If you had health coverage prior to enrolling in Horizon HMO and there was no break in your coverage for longer than 63 days--Please send us the Certificate of Creditable Coverage letter you received when your previous coverage ended. We will update our records and remove or shorten the pre-existing condition limitation period. This should reduce the time needed to process your claim.

If you did not have prior coverage in place--We have to investigate many claims for possible pre-existing conditions, because your Horizon HMO plan contains a pre-existing exclusion. This means that claims related to a pre-existing condition will not be eligible for coverage until the limitation period has expired.

DOES MY PHYSICIAN HAVE TO SEND ANY DOCUMENTATION?

Yes. We may need to request some information from your physician, such as medical records. If the records show that you have been treated for a diagnosis prior to your Horizon HMO effective date or if you had symptoms of a condition, related claims will be denied (in some cases) for coverage under your Horizon HMO plan during the limitation period.

HOW LONG DOES A PRE-EXISTING REVIEW TAKE?

Horizon BCBSNJ works to resolve all pre-existing situations in a timely manner. However, the review time will vary based on when we receive the requested information and whether the information is sufficient to make a decision. In some cases, the information received may indicate you were experiencing symptoms prior to your Horizon HMO effective date, and we may have to ask multiple physicians/health care professionals for any additional records or test results to make a final decisions.