

06/03/2013

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Important information  
about your  
exclusion period for  
pre-existing conditions  
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BRANDON MERRITT

RE: CLIENT NAME:  
WV CENTER ON BUDGET

Dear Member:

Your health care benefits plan includes a pre-existing condition exclusion period. This means, for a certain period of time, your coverage will not provide benefits for medical care you need as a result of a medical condition you had before your coverage went into effect.

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 explains that you may be able to reduce the pre-existing condition exclusion period for yourself and/or for your dependents if you provide evidence of "prior creditable coverage."

After reviewing the documents in your membership file and any additional information you may have provided, we have determined that all or part of the pre-existing condition exclusion period is still in effect. The documents we have received to date did not demonstrate prior creditable coverage that exceeds the period of time that the exclusion period would apply. All of the information that is currently documented in your membership file is detailed below. This includes the remaining amount of the exclusion period (months from the date of this letter) that will be applied to you and each of your dependents. Note: An asterisk (\*) next to the member name indicates that a change was made for that individual.

Member Name	Maximum Exclusion Period (Months)	Credit Prior Client (Months)	Credit Current Client (Months)	Exclusion Period End Date
BRANDON *	12	00	01	05/06/2014
ENYBE *	12	00	01	05/06/2014
LUCIA	12	12	01	05/06/2013

If you have additional information regarding other prior coverage for yourself and/or your dependents, please mail the documentation to the return address at the top left of this letter. Please be sure to include the full 9 digit zip code. After the evidence is processed, you will be notified **only** if time still remains in your pre-existing condition exclusion period. If you have any questions regarding the basis for this determination, call the Member Service phone number shown on your Identification Card. If you wish to appeal this determination you may do so in accordance with the terms of your health care benefits plan.

Sincerely,

Membership Department