

Pre-existing Condition Limitation only applies to individuals age 19 and older.

These plans include a “pre-existing conditions” limitation if you are age 19 or older,

Definition of a “pre-existing” condition:

A “pre-existing condition” is an illness or injury which manifests itself in the six months before the enrollment date and for which:

- a person sees a doctor, takes prescribed drugs, receives other medical care or treatment or had medical treatment recommended by a doctor, or
- an ordinarily prudent or careful, person would have sought medical advice, care or treatment.

A pregnancy which exists on the effective date of your coverage is also a pre-existing condition. However, complications of pregnancy as defined in N.J.A.C. 11:1-4.3 are not considered pre-existing conditions and are not subject to the pre-existing condition limitation.

How does this limitation affect coverage?

If this limitation applies, no benefits will be paid for charges incurred for the covered person’s pre-existing condition until 12 months after the enrollment date.

Exceptions to the limitation.

The pre-existing condition limitation does not apply to any individual under age 19 and to genetic information, in the absence of a diagnosis of the condition related to that information.

This limitation may not apply if you transfer from another health insurance plan and there has been no more than a 31-day lapse in coverage. The limitation also does not apply to Federally Defined Eligible Individuals who apply for coverage within 63 days of termination of prior coverage. Additional limitations and exclusions apply.

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