

UHCDirectBill COBRA Business Unit, P.O. Box 224708 Dallas, TX 75222 1-866-747-0048

IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE COVERAGE AND PREEXISTING MEDICAL CONDITIONS

To Employee, Spouse, and Dependent Children of: Linda Kirby,

Federal Law may affect your group health coverage if you are enrolled or become eligible to enroll in UHCDirectBill Sample Company's group health plan or health insurance coverage that limits or excludes coverage for preexisting medical conditions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL104-191, limits the circumstances under which coverage may be limited or excluded for medical conditions present before you enroll (preexisting conditions).

Under the law, a preexisting condition exclusion generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12 month (or 18 month) exclusion period is reduced by that period you were covered under other health plan(s), assuming there were no breaks in coverage of 63 or more days. Further, preexisting conditions diagnosed or treated more than 6 months prior to enrollment may not be excluded from coverage. If you buy health insurance coverage other than through your plan sponsor group plan, a certificate of prior coverage may help you obtain coverage without a preexisting condition exclusion. In the event your coverage is terminated, UHCDirectBill Sample Company's carrier or plan administrator must promptly provide you a certificate of prior coverage. Certificate(s) of coverage period(s) prior to that coverage available through UHCDirectBill Sample Company and subsequent to June 30, 1996 are required of the carriers or administrators for the related coverage period. Additional details can be obtained through your state insurance department.

If you decline enrollment for yourself or your dependents (including your spouse) in this plan because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. If this plan has or adopts an open enrollment period and you decline enrollment in this plan at any open enrollment period for yourself or your dependents, you will have to wait until the next open enrollment period to enroll. Additionally, 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 30 days after the marriage, birth, adoption or placement for adoption.

For group health plans, these requirements are effective as of the beginning of the first plan year starting after June 30, 1997. For example, if your employer's plan year begins on January 1, 1998, the plan is not required to give you credit for your prior coverage until January 1, 1998. As stated above, you have the right to receive a certificate of prior health coverage(s) for coverage periods July 1, 1996 and later. You may need to provide other documentation for earlier periods of health care coverage. Check with your new plan administrator to see if your new plan excludes coverage for preexisting conditions and if you need to provide a certificate or other documentation of your previous coverage.

To obtain a certificate of coverage under UHCDirectBill Sample Company's group health plan, submit a written request for a Certificate of Health Coverage to: UHCDirectBill Sample Company Attention: Human Resources 106 Decker Ct. Irving, TX 75602

When applicable, submit the name(s) and address(es) of any covered dependents living at an address other than yours with your request. They are also entitled to a Certificate of Health Coverage under the law.

For additional information, please contact UHCDirectBill COBRA Business Unit at 1-866-747-0048.

19431

UHCDirectBill COBRA Business Unit
P.O. Box 224708
Dallas, TX 75222

7 5 0 6 2

Linda Kirby
106 Decker Court Suite 200
Irving, TX 75062

UHCDirectBill COBRA Business Unit, P.O. Box 224708 Dallas, TX 75222 1-866-747-0048

IMPORTANT INFORMATION ABOUT YOUR HEALTH INSURANCE COVERAGE AND PREEXISTING MEDICAL CONDITIONS

To Employee, Spouse, and Dependent Children of: Linda Kirby,

Federal Law may affect your group health coverage if you are enrolled or become eligible to enroll in UHCDirectBill Sample Company's group health plan or health insurance coverage that limits or excludes coverage for preexisting medical conditions. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL104-191, limits the circumstances under which coverage may be limited or excluded for medical conditions present before you enroll (preexisting conditions).

Under the law, a preexisting condition exclusion generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12 month (or 18 month) exclusion period is reduced by that period you were covered under other health plan(s), assuming there were no breaks in coverage of 63 or more days. Further, preexisting conditions diagnosed or treated more than 6 months prior to enrollment may not be excluded from coverage. If you buy health insurance coverage other than through your plan sponsor group plan, a certificate of prior coverage may help you obtain coverage without a preexisting condition exclusion. In the event your coverage is terminated, UHCDirectBill Sample Company's carrier or plan administrator must promptly provide you a certificate of prior coverage. Certificate(s) of coverage period(s) prior to that coverage available through UHCDirectBill Sample Company and subsequent to June 30, 1996 are required of the carriers or administrators for the related coverage period. Additional details can be obtained through your state insurance department.

If you decline enrollment for yourself or your dependents (including your spouse) in this plan because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. If this plan has or adopts an open enrollment period and you decline enrollment in this plan at any open enrollment period for yourself or your dependents, you will have to wait until the next open enrollment period to enroll. Additionally, 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 30 days after the marriage, birth, adoption or placement for adoption.

For group health plans, these requirements are effective as of the beginning of the first plan year starting after June 30, 1997. For example, if your employer's plan year begins on January 1, 1998, the plan is not required to give you credit for your prior coverage until January 1, 1998. As stated above, you have the right to receive a certificate of prior health coverage(s) for coverage periods July 1, 1996 and later. You may need to provide other documentation for earlier periods of health care coverage. Check with your new plan administrator to see if your new plan excludes coverage for preexisting conditions and if you need to provide a certificate or other documentation of your previous coverage.

To obtain a certificate of coverage under UHCDirectBill Sample Company's group health plan, submit a written request for a Certificate of Health Coverage to: UHCDirectBill Sample Company Attention: Human Resources 106 Decker Ct. Irving, TX 75602

When applicable, submit the name(s) and address(es) of any covered dependents living at an address other than yours with your request. They are also entitled to a Certificate of Health Coverage under the law.

For additional information, please contact UHCDirectBill COBRA Business Unit at 1-866-747-0048.

19432

UHCDirectBill COBRA Business Unit
P.O. Box 224708
Dallas, TX 75222

7 5 0 6 2

Linda Kirby
106 Decker Court Suite 200
Irving, TX 75062