

CENTENARY COLLEGE OF LOUISIANA ENROLLMENT DISCLOSURE AGREEMENT

(Required by the Health Insurance Portability and Accountability Act of 1996 – HIPAA)

PRE-EXISTING CONDITION EXCLUSION PERIOD & CREDITABLE COVERAGE

A Pre-existing Condition Exclusion Period provides for a period of time during which no benefits are payable if charges incurred relate to an illness or injury for which medical advice, diagnosis, care or treatment was recommended by a Physician or received six (6) months prior to the Covered Person's Enrollment Date in the Plan. The Plan has a Pre-existing Exclusion Period of twelve (12) months beginning with the Covered Person's Enrollment Date in the Plan.

It is my understanding that the Pre-existing Condition Exclusion Period of the Plan can be reduced if I provide proof of creditable coverage (Certificate of Coverage) from prior plan(s) without more than a sixty-three (63) day break in coverage. The Plan will assist you in obtaining a Certificate of Coverage from any prior plan or issuer, if necessary.

SPECIAL ENROLLMENT RIGHTS

It is my understanding that even if I am declining to enroll at this time, I (and my eligible Dependents) may have Special Enrollment rights in the event that:

1. I (and my eligible Dependents) lose eligibility for other coverage; and/or
2. I acquire New Dependents.

SPECIAL ENROLLMENT PERIOD – LOSS OF ELIGIBILITY FOR OTHER COVERAGE

In the event I am declining to enroll in the Health Plan offered by my Employer due to having other coverage, I (and my eligible Dependents) may be subject to a Special Enrollment Period if I notify my Employer within thirty-one (31) days after the loss of eligibility for other sources of coverage.

SPECIAL ENROLLMENT PERIOD – NEW DEPENDENTS

In the event I acquire a New Dependent due to marriage, birth of a baby or adoption/placement for adoption of a child, I (and my New Dependents) may be subject to a Special Enrollment Period if I notify my Employer within thirty-one (31) days after the date of marriage, date of birth or date of adoption/placement for adoption.

SPECIAL ENROLLMENT PERIOD – MEDICAID OR CHIP

Effective April 1, 2009 – In the event I am declining to enroll in the Health Plan offered by my Employer due to having other coverage through Medicaid or CHIP, I (and my eligible Dependents) may be subject to a Special Enrollment Period if I notify my Employer within sixty (60) days after the loss of Medicaid or CHIP coverage or eligibility for premium payment assistance under Medicaid or CHIP.

LATE ENROLLEE

It is my understanding that in the event I (and my eligible Dependents) wish to enroll in the Health Plan offered by my Employer after expiration of the Initial Enrollment Period, and that if I am not subject to a Special Enrollment or if I fail to enroll by the end of a Special Enrollment Period, I can only enroll as a Late Enrollee and will be subject to an eighteen (18) month Pre-existing Condition Exclusion Period.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you are receiving covered benefits for a mastectomy, you should know that your Plan complies with the Women's Health and Cancer Rights Act of 1998. The Act provides for:

- Reconstruction of the breast(s) on which a covered mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications related to all stages of covered mastectomy, including lymphedema.

All applicable benefit provisions still apply, including existing deductibles, copays and/or coinsurance.