

# Student and Athlete Accident Medical Insurance Claims Processing Guide

---

## West Hills CCD

Coalinga College  
Lemoore College

- Effective Date: **08/01/2023**
- Policy Number: **1857VE**
- Policy Number: **1850VF**

---

## Submission of Completed Claim & HIPPA Forms

- ✓ [Claims@studentinsuranceusa.com](mailto:Claims@studentinsuranceusa.com)
- ✓ Fax to (310)-826-1601

Day to day claims or policy assistance call or email Account Manager:

**Lori Micenheimer 310-826-5688 [Lori@studentinsuranceusa.com](mailto:Lori@studentinsuranceusa.com)**

Emergency and after hours communication text, call or email Executive Manager:

**Kimberly Rowan at 818-447-8098 [Kimberly@studentinsuranceusa.com](mailto:Kimberly@studentinsuranceusa.com)**

Students and athletes sustain injuries during class, practice, conditioning or competition. The cost of medical care can be expensive, and the billing process can be confusing. The college accident insurance policy is in place to help cover accident related expenses.

However, the cost of medical care for injuries is a shared cost, and going through the claims process is a shared responsibility between the health care providers, student/athlete and parents all play a role in providing and making available accurate information and documentation that is shared with insurance companies to ensure claims can be processed.

This guide will help explain what is needed for a successful claim process.



**SAIN – Plan E**

**BASIC COVERAGE LIMITS**

Per Accident Deductibles:	<b>\$0.00</b> <b>\$0.00</b>	Student, Class II Athletes Class I Athletes
Co-Insurance Percentage:	100%	PPO
Per Accident Maximum	\$25,000.00 \$50,000.00 \$500.00 \$2,000.00 \$2,000.00 \$25,000.00	Athletes Students Emergency Illness Benefit Dental Maximum Rental Durable Medical Equipment Expanded Medical/Intercollegiate Athletes
AD&D Benefits	Loss of Life Dismemberment	\$10,000.00 Single: \$1,000.00/Double: \$5,000.00

When a student/athletic injury occurs a claim must be filed using the S.A.I.N (Student Accident Insurance Network) Policy forms and submitted to STUDENT INSURANCE within 90 days of injury, and medical treatment must occur within 120 days from the date of injury.

**Basic Coverage**

Policy Term	1 Year Incurring Period
Insuring Company	Anthem Blue Cross
Coverage Limits Sports	\$25,000
Coverage Limits Non Sport	\$50,000

**Catastrophic Coverage**

Policy Term	10 Year Incurring Period
Insuring Company	Philadelphia
Coverage Limits	\$1,000,000

**How to Find In-Network Providers for Anthem Blue Cross:**

- 1) Go to <https://www.studentinsuranceusa.com>
- 2) Select your College
- 3) Select Student/Athlete Accident Medical Plan
- 4) Select Provider Finder

**Important Information:**

- The Anthem Basic policy is only valid for 52-weeks from the date of injury.
- Initial medical treatment **must** occur within 120 days from the date of injury.
- Claim form must be submitted to Student Insurance within 90 days of injury.
- Catastrophic coverage only valid after basic limit met.
- Expanded Medical benefit only available for athletes.

## Key terms used in this policy:

**Expanded Medical Coverage** in the case of an athlete or a high-risk student, it is also a physiological malfunction, such as athlete's heart, heat stroke, heart block, embolism, stress fracture, et cetera, which may not be the direct result of an accidental injury, but, satisfactory evidence is provided to Anthem that the physical malfunction occurred while the athlete was participating in intercollegiate athletics or the high risk student was participating in a police or fire academy program. The physical harm or physical malfunction must have occurred at an identifiable time and place. Accidental injury does not, otherwise, include illness or infection, except infection of a cut or wound.

**Accidental injury** is physical harm or disability which is the result of a specific unexpected incident caused by an outside force. In the case of an athlete or a high risk student, it is also a physiological malfunction, such as athlete's heart, heat stroke, heart block, embolism, stress fracture, et cetera, which may not be the direct result of an accidental injury, but, satisfactory evidence is provided to Anthem Blue Cross Life and Health that the physical malfunction occurred while the athlete was participating in intercollegiate athletics or the high risk student was participating in a police or fire academy program. The physical harm, disability, or physical malfunction must have occurred at an identifiable time and place. Accidental injury does not, otherwise, include illness or infection, except infection of a cut or wound.

**Class 1 and Class 2 athletic activities** are determined by the sport the athlete is actually training, practicing or participating in, under supervision of an authorized representative of the college, including club activities, as follows:

- **Class 1** - football, soccer, wrestling, surfing, gymnastics, and skiing.
- **Class 2** - all other sports.

**Club Activities** are those activities or events normally performed, or staged, by a club approved by the college board and supervised by the college. The activities or events performed, or staged, by the club may be athletic activities or non-athletic activities.

**Emergency illness** is an emergency which does not involve an accidental injury.

### **Official visitor, activities, and Auditing Students are:**

- Conducting research or addressing the faculty and/or students;
- In the case of a child, attending "Mommy and me" classes with their student parent . These activities must take place on college grounds, in college leased or rented buildings, on or off campus, during the time classes are college authorized and calendared, and while at other locations as required by college sponsored and supervised activities.

**2023-2024**

**Student/Athlete Accident Insurance Claims Filing Instructions**

The College has a Student Accident Insurance Excess policy in the event a student becomes injured and requires medical treatment. An Injury Claim Form must be completed and signed by the student and the designated college official before submitting it to STUDENT INSURANCE.

Claim & HIPAA Forms can be located under the college name on the Student Insurance website. [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com) or by contacting a STUDENT INSURANCE representative at 310-826-5688

Please be advised that this excess coverage is secondary in most situations to all other valid and collectible insurance plans. Each student must provide their health insurance information to each medical provider at the time of treatment, along with the Student Accident insurance claim form. This policy is designed to cover any remaining balances or expenses related to a covered injury/accident that are not covered by the student or athlete's primary insurance (including co-pays, deductibles, coinsurance, etc.)

To ensure that claims are paid under the Student Accident Insurance Policy, students must give the completed claim form to each medical provider seen for medical treatment and service related to their accidental injury.

This card is for identification purposes only and does not guarantee benefits.

**Student Accident Insurance Network**  
Excess Coverage


**West Hills CCD**

**Coalinga College** Policy # 1857VE  
**Lemoore College** Policy # 1850VF  
Group # SAIN  
Policy Effective Date: **8/1/2023**

**NO Deductible**

Benefits Effective 52 Weeks from the Date of Injury  
Treatment must be initiated within 120 days of injury date

Coverage Limit Per Claim: \$25,000 per Athletic Accident  
\$50,000 per Student None Athletic Accident



Eligibility is subject to change.  
This card is for identification purposes only and does not guarantee benefits.

Claims submissions can be Emailed or Faxed to Student Insurance at:  
**claims@studentinsuranceusa.com | 310-826-1601**

Members & College Staff Call: **310-826-5688 | 800-367-5830**  
Medical Providers Call: **866-811-7946 Reference SAIN Program**



Visit Student Insurance for more information at [www.studentinsuranceusa.com](http://www.studentinsuranceusa.com)



A VENBROOK COMPANY

## Contact Information for Student & Athletic Accident Injuries

### **For Claims Questions Contact:**

Student Insurance College Claims Department

[claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com)

Phone: (310) 826-5688 or (800) 367-5830

Fax: (310) 826-1601

### **Claim Submittal for College Officials and Students/Athletes:**

Email or fax all completed Claim & HIPAA forms, and Itemized bills (if applicable) to:

[claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com)

or

Fax: (310) 826-1601

### **Claim Submittal Instructions for Medical Providers ONLY**

Fax or US postal mail completed claim form with all bills  
(HCFA1500 / UB04) and Primary EOB's, to:

**Anthem Blue Cross  
Student Health Claims Dept.**

**Attn: Claims Manager**

21215 Burbank Blvd.

Woodland Hills, CA 91367

Priority Fax: (855) 396-8418

Phone: (855) 396-8418

**\*\*NOTE\*\*** USPS is the only acceptance of medical billing for the Student Division of ANTHEM Blue Cross.  
Electronic Billing is not acceptable with this policy.

# Understanding Claims Filing

## Primary Insurance

A primary policy is coverage that a parent may have through their place of employment, or a policy purchased on the Affordable Care Act exchange, and in some cases a medical health insurance plan provided by the school. These are all considered "primary," This means injuries that occur at the college, at a supervised college event, or during a sport activity will first be handled through that primary insurance.

However, there are certain types of insurance that have limitations, especially when it comes to intercollegiate sports injuries. This is why you must provide all insurance information regardless what it may or may not cover.

## NOT Primary Insurance

- **Government-Sponsored Insurance (TriCare, Medicaid, etc.):** These plans do not pay as primary insurance when the school has accident insurance.
- **Student Health Insurance Plan (SHIP):** SHIPs may specifically state that injuries related to intercollegiate athletics are not covered. All other injuries may be paid as primary.
- **"Religious Ministry" Plans:** Ministry plans often exclude intercollegiate athletics, or rely on a discretionary claim process, coverage may not meet institution primary insurance requirements.

## School Sponsored Accident Coverage

In the cases, of no primary insurance, the student/athlete accident insurance policy will pay as primary for accident related injuries, within the limits of coverage under the schools policy. The institutions accident policy is for all students including intercollegiate sports.

This is an "**accident-only**" plan, meaning that **illnesses are not covered**.

The Anthem policy provides payment of 100% of allowed charges incurred within 365 days following the date of injury. Treatment by a license medical doctor must be sought within 90 days of the accident.

Injuries must be reported to the appropriate staff or faculty for documentation of a claim prior to treatment.

*A copy of the SAIN insurance policy is on file at the college for review.*

---

## Documents Needed to **Start** a Claim

**Claim Form:** Must be submitted by the college with complete details surrounding the injury. The claim form should be submitted as soon as possible. However, there is a 90 day grace period.

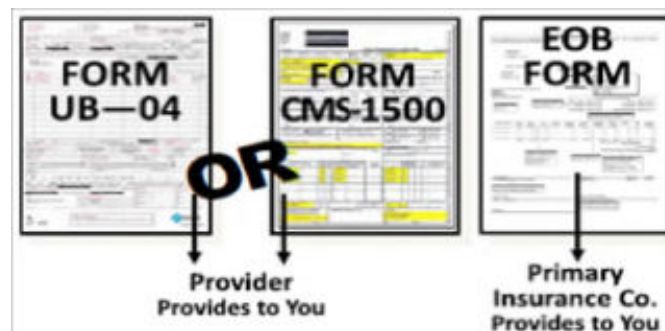
**HIPAA Form:** Must be submitted with every completed claim form so that anyone at the college or Student Insurance can assist with treatment arrangements, bills, appointments and any other medical information needs.

These 2 documents must be given to the student and once completed, email to Student Insurance at [Claims@studentinsuranceusa.com](mailto:Claims@studentinsuranceusa.com) for processing. If one of the documents is missing, an Account Manager will send an email, or letter requesting the needed information from the student directly. If the student cannot be reached an email will be sent to the college. It is very important to respond and keep the lines of communication open to avoid a claim being denied or sent to collections by a provider.

---

## Documents Needed to **Pay** Claims

1. **Fully Itemized Bill:** Typically submitted by health care providers. In some cases, bills will be sent to primary policy holder (student-athlete or parent), in this case send a copy to [claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com) and a Student Insurance Representative will handle it. The bill must contain the actual diagnosis codes and amount charged for each treatment. This type of bills are referred to as: **HCFA-1500 for a doctor's report, or UB-04 for a hospital report.**
2. **Balance Due Bill:** A statement or receipt that only shows the amount billed will **NOT** be paid
3. **Explanation of Benefits (EOB):** A summary generated by an insurance company explaining how a claim was processed. It will include the insured's name, date of treatment, amount charged by the provider, the amounts covered and not covered under the insurance plan, and possibly an amount that the student/patient is responsible for.



If you receive any bills, email them to [claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com)

If you receive any bills, email them to [claims@studentinsuranceusa.com](mailto:claims@studentinsuranceusa.com)

# SAMPLE HCFA 1500

PLEASE DO NOT WRITE IN THIS AREA

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA OTHER 14. INSURED'S ID NUMBER

2. PATIENT'S NAME (Last, First, Middle Initial) 3. PATIENT'S BIRTH DATE 4. INSURED'S NAME (Last, First, Middle Initial)

5. PATIENT'S ADDRESS (incl. State) 6. PATIENT'S RELATIONSHIP TO INSURED 7. INSURED'S ADDRESS (incl. State)

8. ZIP CODE 9. TELEPHONE (include Area Code) 10. INSURED'S POLICY GROUP OR FILE NUMBER

11. EMPLOYMENT STATUS 12. EMPLOYMENT NAME OR SCHOOL NAME

13. DATE OF BIRTH 14. DATE OF SERVICE

15. DATE OF CURRENT CLAIM (include date of service) 16. DATE WHEN SUBJECT TO WORKING CURRENT OCCUPATION

17. NAME OF PROVIDER (include address) 18. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

19. RESERVED FOR LOCAL USE 20. OUTSIDE LUMP SUM 21. DATE OF SERVICE

22. FEDERAL TAX ID NUMBER 23. PROCEDURE, SERVICE OR SUPPLY CODE 24. CHARGES 25. AMOUNT PAID 26. BALANCE DUE

27. SIGNATURE OF PHYSICIAN OR SUPPLIER 28. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED 29. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

# SAMPLE UB-04

UB-04

1. PATIENT INFORMATION

2. PROVIDER INFORMATION

3. SERVICE INFORMATION

4. CLAIM INFORMATION

5. PAYMENT INFORMATION

6. REMARKS

7. SIGNATURES

8. DATE

# SAMPLE EOB (EXPLANATION OF BENEFITS)

UnitedHealthcare  
A UnitedHealth Group Company

PAGE: 1 of 1  
DATE: 04/29/10  
SSN/ID #:   
EMPLOYEE:   
CONTRACT:   
BENEFIT PLAN: PFIZER INC

## EXPLANATION OF BENEFITS

1	2	3	4	5	6	7	8	
PATIENT/RELAT CLAIM NUMBER	PROVIDER/SERVICE	DATE OF SERVICE	AMOUNT CHARGED	NOT COVERED	AMOUNT ALLOWED	COPAY/ DEDUCTIBLE	PLAN COVERS BENEFIT AVAILABLE	REMARK CODE
9061512101	MEDICAL SERVICES	03/19/10	379.00	297.83	81.17		80%	4C
	TOTAL		379.00	297.83	81.17			

MEDICARE PAID 44.64  
PLAN PAYS 20.30

(+) INDICATES PAYMENT ASSIGNED TO PROVIDER

REMARK CODE(S) LISTED BELOW ARE REFERENCED IN THE "SERVICE DETAIL" SECTION UNDER THE HEADING "REMARK CODE"  
14C) THIS PLAN DETERMINES BENEFITS ONCE MEDICARE MAKES PAYMENT. IF MEDICARE PAYS LESS THAN THIS PLAN'S BENEFIT, THIS PLAN WILL CONSIDER THE DIFFERENCE. THIS PLAN'S ALLOWABLE BENEFITS ARE BASED ON THE MEDICARE APPROVED AMOUNT IF THE PHYSICIAN OR PROVIDER ACCEPTS MEDICARE'S ASSIGNMENT OR ON THE LIMITING CHARGE IF THEY DID NOT ACCEPT THE ASSIGNMENT. THE PATIENT IS RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE ALLOWABLE AMOUNT AND THE TOTAL AMOUNT PAID BY BOTH PLANS. THE PATIENT MUST PAY ANY APPLICABLE PLAN DEDUCTIBLES AND COPAYS BEFORE THIS PLAN CAN PAY ANY BENEFITS.

BENEFIT PLAN PAYMENT SUMMARY INFORMATION: \$20.30

SATISFIED 2010 TO-DATE	DEDUCTIBLE	OUT OF POCKET
FAMILY	\$1000.00	\$1328.77
INDV	\$500.00	\$1281.45
PLAN YEAR 2010	FAMILY \$1000.00	FAMILY \$4000.00
	INDV \$500.00	INDV \$4000.00





A VENBROOK COMPANY



# Understanding your Student Athlete Insurance Network (SAIN) plan

**Welcome to your SAIN benefits.** As a student, you can rest assured that you're covered if you have an accident or injury. Your SAIN plan gives you access to the care you need to recover and return to school and sports.

## Who is eligible for coverage?



### Student-athletes who are:

- “ Enrolled and registered in college, **and**
- “ Participating in or attending any regularly scheduled practice or competition supervised by an authorized representative of the college, **or**
- “ Traveling directly to and from practice or competition with other members as a group, only if travel is supervised by an authorized representative of the college.



### Other students who are:

- “ Enrolled and registered in college, **and**
- “ Attending regularly scheduled classes at college, **or**
- “ Attending supervised and administratively approved college activities, including clubs or college-supervised travel to and from college-sponsored events.



### Children of students

- “ In a child care facility on the college campus, provided by the college, **or**
- “ Attending a mommy and me class provided by the college with their student-parent.



### High-risk students

- “ Students attending fire or police academies associated with the college who have paid the appropriate premiums.



## If you have an accident

Immediately report it to your college authority, instructor, coach, athletic trainer, or the college health center, if one is available. An accident report is required to validate an insurance claim. Contact the health office or athletic trainer for reporting forms and information.



## Filing a claim

Be sure to send a written notice of your claim **within 120 days** of the accident or injury. Include any itemized bills in the claim. Bills submitted more than 12 months after the date of service will be denied.



## Your SAIN plan is secondary to other health plans

If you have another health plan, your other plan will serve as the primary insurer, except where state or federal law requires.

## Benefit deductibles

Per-accident deductible

Student activities deductible	\$0
Class I athletes activities deductible <sup>1</sup>	\$0
Class II athletes activities deductible <sup>1</sup>	\$0
Child of student in child-care facility activities deductible	\$0

## Your coverage

### For an accident

- ✓ One hundred percent of excess medical costs are covered once your deductible has been met when you stay in the preferred provider organization (PPO) network.<sup>2</sup>
- ✓ **Only** Fifty percent of the maximum allowed amount is covered when you go outside the PPO network.
- ✓ The maximum medical benefit amount for student-athletes is \$25,000.
- ✓ The maximum medical benefit for all other students and their children is \$50,000.

*Benefits are covered for 52 weeks from the date of the accident. The first covered treatment must be within 120 days of the injury.*

### For emergency illnesses

- ✓ Up to \$500 for all emergency illness per semester.<sup>3</sup>

## What is not covered

- ✗ Services or supplies that are not medically needed.
- ✗ Any amount beyond the maximum allowed for each accident or emergency illness.

*Please contact your Student Insurance Representative To review the list of exclusions, in your master policy.*

To find out more about your SAIN plan, contact your college or visit [studentinsuranceusa.com](http://studentinsuranceusa.com).

## MEDICAL BENEFITS

### CONDITIONS OF COVERAGE

---

This *policy* only covers losses resulting from *accidental injuries* and *emergency illness*. The following conditions of coverage must be met for expense incurred for services or supplies to be covered under this plan.

1. The *accidental injury* or *emergency illness* causing the expense must occur while the *insured person* is covered under this plan.
2. a. In connection with an *accidental injury*:
  - the first expense the *insured person* incurs for the treatment of the injury must be incurred within one hundred twenty days of the date of the injury; and
  - all other expense they incur for the treatment of the injury must be incurred within one year of the date of the injury.
- b. In connection with an *emergency illness*, the *insured person* must incur this expense prior to the end of the semester in which the illness commences.

Expense is incurred on the date the *insured person* receives the service or supply for which the charge is made.

3. The expense must be for a medical service or supply furnished to an *insured person* as a result of *emergency illness* or *accidental injury*, unless a specific exception is made.
4. The expense must be for a medical service or supply included in MEDICAL BENEFITS: MEDICAL CARE THAT IS COVERED. Additional limits on covered charges are included under specific benefits and in the SCHEDULE OF BENEFITS.
5. The expense must not be for a medical service or supply listed in MEDICAL BENEFITS: MEDICAL CARE THAT IS NOT COVERED. If the service or supply is partially excluded, then only that portion which is not excluded will be considered covered under this plan.
6. The expense must not exceed any of the maximum benefits or limitations of this *plan*.
7. Any services received must be those which are regularly provided and billed by the *provider*. In addition, those services must be consistent with the illness, injury, degree of disability and the *insured person's* medical needs. Benefits are provided only for the number of days required to treat the *insured person's* illness or injury.
8. All services and supplies must be ordered by a *physician*.

---

## SCHEDULE OF BENEFITS

---

### Maximum per Accident

The maximum is determined by the nature of the *insured person's* activities at the time of the accident.  
(See Deductible above .)

- *Student Activities* Maximum ..... **\$50,000**  
per accident
- *Class 1 Athletic Activities* Maximum..... **\$25,000**  
per accident
- *Class 2 Athletic Activities* Maximum..... **\$25,000**  
per accident
- *Child of Student in Child Care Facility Activities* Maximum ..... **\$50,000**  
per accident

### Maximum per Emergency Illness

- For all covered services ..... **\$500**  
for all emergency illness per semester

---

# SCHEDULE OF BENEFITS

---

## MEDICAL BENEFITS

### CLASSES OF PERSONS INSURED

- *Students* -
  - while attending regularly scheduled classes at college; or
  - while attending college-sponsored activities, including *club activities*, or traveling under college supervision to and from college sponsored events.
- *Student Athletes* -
  - while participating in or attending any regularly scheduled practice or competition supervised by an authorized representative of the college; or
  - while traveling directly to and from practice or competition with other members as a group, provided such travel is supervised by an authorized representative of the college.
- *Child(ren) of Students* -
  - while in or about the child care facility provided by the college, provided that the facility is on the college campus; or
  - while attending “Mommy and me” classes provided by the college with their *student* parent, if applicable.
- High Risk *Students* -
  - *students* who have paid the appropriate premiums, attending Fire or Police Academies associated with the college.

### DEDUCTIBLES

#### Per Accident Deductibles

The deductible is determined by the nature of the *insured person's* activities at the time of the accident, as follows.

- *Student Activities* Deductible..... **None**
- *Class 1 Athletic Activities* Deductible..... **None**
- *Class 2 Athletic Activities* Deductible..... **None**
- *Child of Student in Child Care Facility Activities* Deductible..... **None**

**Note:** No deductible applies to Emergency Illness.

### PAYMENT RATE

After the Per Accident Deductible has been satisfied, we will pay the following percentages of the *maximum allowed amount*.

- Participating Providers ..... 100%
- All other Providers..... 50%\*

\*But, it will be 100% for the *maximum allowed amount* incurred: (a) in SKILLED NURSING FACILITIES, and (b) for EMERGENCY SERVICES (**for the first 48 hours only**, unless, the *insured person* cannot be safely moved).

## SCHEDULE OF BENEFITS

---

### MEDICAL BENEFIT MAXIMUMS

We will pay, for the following services and supplies, up to the maximum amounts, or for the maximum number of days or visits shown below:

#### Skilled Nursing Facility

- For covered *skilled nursing facility* care..... **100 days**  
per accident

#### Home Health Care

- For covered home health services ..... **100 visits**  
per accident

#### Prosthetic Devices

- For covered supplies and services..... **\$1,000**  
per accident

#### Durable Medical Equipment

- For covered charges for rental or purchase..... **\$2,000**  
per accident

#### Physical Therapy, Physical Medicine and Occupational Therapy

- For covered outpatient services..... **\$24**  
visits per accident
- For each covered visit when provided  
by a *non-participating provider*..... **\$25**  
per visit

#### Dental Injury

- For all covered services ..... **\$2,000**  
per accident

#### Acupuncture

- For all covered services ..... **\$25**  
per visit, for up to 12 visits  
per accident

## PRE-EXISTING CONDITION EXCLUSION

---

No payment will be made for services or supplies for the treatment of a *pre-existing condition*. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period prior to the *insured person's* coverage under this *plan*. Generally, this six-month period ends the day before the *insured person's* coverage becomes effective. However if the *insured person* were subject to a waiting period for coverage, the six-month period ends on the day before the waiting period begins. The *pre-existing condition* exclusion does not apply to pregnancy nor to a child who is enrolled in the *plan* within 31 days after birth, adoption, or placement for adoption.

This exclusion may last up to six months from the *insured person's* first day of coverage or, if the *insured person* was in a waiting period, from the first day of their waiting period (see "Eligibility Date" under the section HOW COVERAGE BEGINS AND ENDS). However, the *insured person* can reduce the length of this exclusion period by the number of days of their prior *creditable coverage*. Most prior health coverage is *creditable coverage* and can be used to reduce the *pre-existing condition* exclusion if the *insured person* has not experienced a significant break in coverage. The maximum allowable break in coverage is 180 days if the *insured person's* prior coverage was provided through an employer and ended because the *insured person's* employment (or the person's employment through whom the *insured person* had this coverage) ended, the availability of coverage through employment or sponsored by an employer has terminated, or an employer's contribution toward health coverage has terminated. For prior coverage that was not provided through an employer, such as individual coverage or coverage through a government program such as Medicaid, the maximum allowable break in coverage is 63 days. Please see "Creditable Coverage" in the DEFINITIONS section for a complete list of the types of coverage for which credit is given.

To reduce the six-month exclusion period by the *insured person's* *creditable coverage*, the *insured person* should give us a copy of any certificates of creditable coverage they have. There is no time limit within which the *insured person* must provide a certificate in order to receive credit for prior coverage. If the *insured person* does not have a certificate, but do have prior health coverage, we will help the *insured person* obtain one from their prior plan or carrier. There are also other ways that the *insured person* can show they have *creditable coverage*. Please contact Anthem Blue Cross Life and Health if the *insured person* needs help demonstrating *creditable coverage*. All questions about the *pre-existing condition* exclusion and *creditable coverage* should be directed to the customer service.