

Individual & Family plan terms and conditions

- 1. Acceptance of application:** Group Health's* acceptance of you and your dependents for coverage is based upon the score determined by the Washington State Health Insurance Pool (WSHIP) Standard Health Questionnaire(s) unless exempt by the questionnaire's requirements. In order to process your application, Group Health must receive the Individual & Family Plan application signed by you and your spouse/domestic partner, the signed questionnaire(s) for each family member to be enrolled, the first month's premium payment, and a Certificate of Creditable Coverage (if available).
- 2. Adults applying as a Guarantor (adults aged 18 or older, seeking coverage for dependents only):** As a Guarantor, you hereby agree to accept the financial and contractual responsibilities of all dependents listed on the application. A Financial Guarantor may enroll only dependent children under the age of 18, or a dependent who is totally incapable of self-sustaining employment as noted in #3 below. The oldest/only child (noted as Applicant/Subscriber on the application) is charged the lowest adult age rate, while the next two dependent children are each charged the child rate. There is no charge for any additional dependent children.
- 3. Dependent children:** Except as noted in #2 above, when enrolling three or more children, only the first two will be billed up to the age of 25. Dependents may be covered to the age of 25. An eligible dependent child who is totally incapable of self-sustaining employment because of a developmental or physical disability, and is chiefly dependent upon the Contract Holder for support and maintenance, may be continued for the duration of the continuous total incapacity, provided enrollment does not terminate for any other reason. Medical proof of such a disability will be required at the time of application and periodically once enrolled.
- 4. Coverage effective date:** The effective date of your application is based upon Group Health's receipt of your completed application documents as noted in #1 above. All application documents must be received in Group Health's Seattle Marketing Department.
 - For application documents received on or before the 20th of the month, medical coverage will begin on the first day of the following month. (Example: If your application is received on or before Oct. 20, then enrollment is effective Nov. 1.)
 - For application documents received on the 21st through the end of the month, medical coverage will begin on the first of the month following the first full month after receipt. (Example: If your application is received Oct. 21–31, then your coverage begins Dec. 1.)
- 5. Premium payments:** The first month's premium payment for all family members must be included with your application. You may pay by credit card (see Section 3 of the application), or by check or money order. If you are signing as a Guarantor, please see #2 above. All future premium payments are payable on a calendar month basis on or before the first day of the month, subject to a grace period of 10 days. Premium payments are subject to change by Group Health's Board of Trustees, and a 30-day written notice of these changes will be sent to the Contract Holder's residential address unless there is a billing address on your application.
- 6. Revoking coverage:** Failure to answer questions fully and correctly on your application documents may result in Group Health's refusal to extend coverage, cancellation of coverage, or revocation of coverage for you and/or your family members.
- 7. Applicant's financial liability:** a) If any hospital or medical service is rendered to you and/or your dependent(s) prior to your effective date of coverage, you will be responsible for paying for those services. These noncovered services will be billed to you at full schedule rates. Regardless of whether you and/or your dependents become a member, you will be responsible for payment of such charges; b) Prior Authorizations: Upon termination from the Individual & Family Plan, any outstanding prior authorizations for health care for the terminated individual(s) will no longer be valid, and you will be financially liable for any additional services obtained.
- 8. Pre-existing conditions:** These plans contain a nine-month pre-existing condition clause that excludes coverage for any condition for which there has been diagnosis, treatment (including prescribed drugs), or medical advice within the six-month period prior to the effective date of coverage, or for a condition for which symptoms existed within the six-month period prior to the date of coverage for which a prudent person would have sought advice or treatment within the six months prior to the effective date of coverage. Section 6 of the Individual & Family Plan application will help us determine whether you have Creditable Coverage, which would allow Group Health to waive pre-existing conditions/exclusions for you and/or your dependent(s).
- 9. Portability (Creditable Coverage):** If you have been covered by a plan with no more than a \$1,750 deductible and with maternity and prescription drug benefits within the last 63 days, we may waive pre-existing conditions or credit that coverage. If you had a 64-day-or-more break in coverage or have been covered by a plan with more than a \$1,750 deductible and no maternity or prescription drug benefit, no portability credit will be applied for pre-existing conditions.
- 10. Washington state residency & counties served:** You must be a permanent resident of Washington state and reside in one of the counties in our service area in order to qualify for coverage from the Group Health Individual & Family Plan. The counties that are served by the Individual & Family Plan are:
 - Central/Eastern Washington: Benton, Columbia, Franklin, Kittitas, Walla Walla, Yakima, Spokane, and Whitman
 - Western Washington: Grays Harbor (ZIP codes 98541, 98557, 98559, and 98568), Island, King, Kitsap, Lewis, Mason, Pierce, San Juan, Skagit, Snohomish, Thurston, and Whatcom
- 11. Changing plans:** Once you enroll with the Group Health Individual & Family Plan, you have the option to transition to any of our other open plans. When making any plan changes, you may be required to go through health screening again, so do not cancel your current coverage until you have been notified of your eligibility for enrollment into the plan for which you are applying.
Note: If you are changing from an Individual & Family Group Health Cooperative plan to an Individual & Family Group Health Options, Inc. plan, you and your dependents will be required to complete a new Standard Health Questionnaire.
- 12. Adding dependents:** You may add eligible dependents to your plan at a later date. Health screening may be required for these dependents prior to their enrollment, so please review the Standard Health Questionnaire of Washington State to determine whether or not the eligible dependents meet one of the exceptions.
- 13. Health screen exemptions (exceptions):** Health screening may not pertain to you when you apply for enrollment or when you want to transition from one plan to another. Check the Application under Section 7, or the Standard Health Questionnaire of Washington State, to see if one of the exemptions applies to you or your dependents.