



BlueCross BlueShield of North Dakota

An independent licensee of the Blue Cross & Blue Shield Association

Dependent Age 26 and Elimination of Waiting Period for Members under Age 19 Group Benefit Plan Amendment

This is an amendment made to your health benefit plan effective June 1, 2010. Please read this amendment carefully and keep it with your Certificate of Insurance for future reference. All other provisions remain as set forth in your Certificate of Insurance.

Under Section 1, SCHEDULE OF BENEFITS, the following provision has been amended:

WAITING PERIODS FOR PREEXISTING CONDITIONS

This Benefit Plan applies a Waiting Period to services, supplies or charges for the care or treatment a Member receives for a Preexisting Condition; new Members under age 19 with coverage effective on or after June 1, 2010, will not be subject to a Waiting Period.

The Waiting Period does not apply to newborns, adopted children and children placed for adoption that are enrolled in accordance with the Notification Requirements and Special Enrollment Provisions outlined in Section 5, General Provisions.

General Provisions:

The Waiting Period is a period of 365 consecutive days beginning on the Enrollment Date under this Benefit Plan. However, this Waiting Period may be reduced by aggregate days of membership under Qualifying Previous Coverage, if continuous until at least 63 days prior to the individual Member's Enrollment Date under this Benefit Plan.

Late Enrollees:

Members accepted as Late Enrollees will not be eligible for benefits for any services, supplies or charges for the care or treatment the Member receives for a Preexisting Condition during a Waiting Period of 6 months following the individual Member's effective date of this Benefit Plan. However, this Waiting Period may be reduced by aggregate days of membership under Qualifying Previous Coverage, if continuous until at least 63 days prior to the individual Member's effective date under this Benefit Plan.

Under Section 5, GENERAL PROVISIONS, Notification Requirements and Special Enrollment Provisions, the following section has been revised:

5. If any of the Subscriber's children beyond the age of 26 are medically certified as mentally retarded or physically disabled, the Subscriber may continue their coverage under Single Plus Dependent or Family Coverage. Coverage will remain in effect as long as the child remains disabled, unmarried and financially dependent on the Subscriber or the Subscriber's living, covered spouse. BCBSND may request annual verification of a child's disability after coverage for a disabled child has been in effect for 2 years.

The Subscriber must provide proof of incapacity and dependency of a child's disability within 31 days after the end of the month in which a child turns 26 or, if a child is beyond age 26, at the time of initial enrollment. If proof of incapacity and dependency for the dependent's disability is not made within 31 days and a lapse in coverage occurs, the child will be required to apply for coverage under a separate benefit plan. Medical qualification will be required.

Under Section 8, DEFINITIONS, the following definitions have been revised:

ELIGIBLE DEPENDENT – a dependent of the Subscriber who qualifies for membership under this Benefit Plan in accordance with the requirements specified below:

- A. The Subscriber's spouse under a legally existing marriage between persons of the opposite sex.
- B. The Subscriber's or the Subscriber's living, covered spouse's children under the age of 26 years who are not eligible to enroll in an employer sponsored health plan other than a group health plan of a parent. Children are considered under age 26 until the end of the month in which the children become 26 years of age. The term child or children includes:
 - 1. Children physically placed with the Subscriber for adoption or whom the Subscriber or the Subscriber's living, covered spouse has legally adopted.
 - 2. Children living with the Subscriber for whom the Subscriber or the Subscriber's living, covered spouse has been appointed legal guardian by court order.
 - 3. The Subscriber's grandchildren or those of the Subscriber's living, covered spouse if: (a) the parent of the grandchild is unmarried, (b) the parent of the grandchild is covered under this Benefit Plan and (c) both the parent and the grandchild are primarily dependent on the Subscriber for support. If a lapse in coverage occurs due to ineligibility of the parent under this Benefit Plan, the grandchild cannot be reenrolled unless the Subscriber has been appointed legal guardian.
 - 4. Children for whom the Subscriber or the Subscriber's living, covered spouse are required by court order to provide health benefits.
 - 5. Children beyond the age of 26 who are incapable of self support because of mental retardation or physical handicap that began before the child attained age 26 and who are primarily dependent on the Subscriber or the Subscriber's spouse for support. Coverage for such a disabled child will continue for as long as the child remains unmarried, disabled and the Subscriber's dependent for federal income tax purposes. The Subscriber may be asked periodically to provide evidence satisfactory to BCBSND of these disabilities.

WAITING PERIOD – a specified period of time the Member is not entitled to benefits for Preexisting Conditions, beginning on the individual Member's Enrollment Date under this Benefit Plan. New Members under age 19 with coverage effective on or after June 1, 2010, will not be subject to a Waiting Period.

If you have any questions regarding this amendment, please contact Member Services at the address or telephone number on the back of your Identification Card.