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Individual Services
P O Box 9041
OXNARD CA 93031-9041
(866)297-7647



October 06, 2011

Steven H Shorr
1027 W 11th #3
San Pedro CA 90731

Regarding:
Identification No.:

COMPLETE INFORMATION IS DUE BY: 11/06/11

Dear Applicant:

We would like to take this opportunity to thank you for your submission of the HIPAA Application/Individual Enrollment Application.

At this time, we are unable to determine eligibility based on missing or incomplete information as indicated below. If you are unable to provide any of the requested information, please contact customer service at 800-333-0912 to discuss other options or documents that may be acceptable.

*Please provide a copy of your COBRA expiration letter. This document is sent 30-60 days prior to COBRA coming to an end. It states when your coverage "will" end. The COBRA expiration letter and Certificate of Creditable Coverage are two (2) separate documents that need to be sent together.

As provided by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and as regulated in Part 148 of Title 45 of the Code of Federal Regulations (45 CFR 148), qualification for a HIPAA plan requires the applicant to have at least 18 months of cumulative health coverage through any employer-sponsored group health plan. You may not have any breaks in coverage of more than 63 days. In addition, applicants must accept and exhaust coverage under all COBRA, or other group health plans.

Under California law AB1401, you may be eligible for state mandated continuation of medical coverage (Cal-COBRA) after your federally mandated COBRA period expires. This law allows California residents covered by insurance plans/policies, as well as participants covered under insurance contracts issued in California, to continue coverage for a total of 36

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months from the time their COBRA coverage began.

Since the HIPAA application must be received within 63 days from the prior health coverage termination dates, we will honor the initial submission. Please return the missing information, along with this letter, to Anthem Blue Cross, PO Box, 9051, Oxnard, CA 93031, Attn: HIPAA. You may also Fax the information to: 866-929-3299.



Pre-existing condition limitations do not apply to applicants under the age of nineteen (19) years.

When answering questions you should not include any genetic information. Genetic information includes family medical history and information related to genetic testing, genetic services, genetic counseling or genetic diseases.

NOTE: Please be sure to include the applicant's complete Identification Number on all future correspondence. Correspondence received without the Identification Number may result in a delay as we may be unable to identify the account.

If you have any questions about this letter, please call our customer service department at 800-333-0912, Monday through Friday from 8:30 a.m. to 7:00 p.m. (PST). The hearing and speech impaired may call our toll-free TDD number 877-206-4966.

Sincerely,

Sergio Avila
Individual Services
HIPAA Representative

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RIGHTS AVAILABLE TO APPLICANTS

If you do not agree with our adverse decision, you have the right to request a grievance (also known as an appeal). You must request a grievance within 180 calendar days from the date you were notified of our adverse decision. You or any other person you choose may request a grievance on your behalf. They may also help you during the grievance process. If you ask someone to represent or help you, please give them a signed authorization to include with the grievance.

How do I request a grievance?

To request a grievance regarding an underwriting decision, you may contact customer service at 866-297-7647 or 877-206-4966 TDD for the hearing and speech impaired. Grievances regarding underwriting decisions may also be requested in writing at the following address: PO Box 9086, Oxnard, CA 93031-9086. Grievances or adverse decisions are resolved and a written response will be sent to you within 30 calendar days from the date we receive your request. Our response will have the reason(s) for the decision.

What should my grievance include?

You may include, if available, the following information with your grievance: the applicant's name and Health Care Identification Number; and the specific reason(s) why you do not agree with the decision. You have the right, and we encourage you, to submit written comments, documents or other relevant information with your grievance.

How will my grievance be handled?

The appropriate administrative and/or clinical specialists will review your grievance. All relevant information submitted by you, or on your behalf, will be reviewed regardless of whether it was considered at the time the initial underwriting decision was made. We may contact any providers who may have additional information to support your grievance. The reviewers will not have been involved in the initial decision. They also will not be a subordinate of the person who made the initial decision.

If I disagree with the grievance decision, what other rights do I have?

The California Department of Insurance (CDI) may be contacted at the following address: Consumer Communications Bureau, 300 Spring Street, South Tower, Los Angeles, CA 90013. You may also contact the CDI by calling their toll-free telephone number 800-927-HELP (4357) or their toll-free TDD number 800-482-4TDD (4833) for the hearing and speech impaired. You may also visit their Internet website www.insurance.ca.gov.

You may also contact the CDI if you have any questions or concerns that you feel have not been addressed satisfactorily by your plan, or if you have been unable to reach resolution through arbitration.

If we deny your grievance, you will be provided with other dispute resolution options, if available. You may also contact customer service for detailed information regarding the entire grievance process.

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Should you disagree with the resolution of any grievance, your recourse is arbitration. To initiate arbitration, submit a written request to Anthem Blue Cross, P.O. Box 9086, Oxnard, CA 93031-9086. Upon receipt, we will acknowledge your request, and send you additional information regarding the arbitration process.

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