

3901-8-12

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APPENDIX A

Standardized Web Data

Ohio law requires us to accept a certain number of individuals for open enrollment coverage without regard to health status. If you qualify as a Federally Eligible Individual (FEI), your coverage will be effective immediately without any pre-existing condition exclusion period. If you do not qualify as a FEI, you may apply for non-FEI open enrollment coverage.

You are a Federally Eligible Individual if you meet all of the following conditions-

1. You had health coverage for at least 18 months without a break in coverage greater than 63 days.
2. Your most recent health coverage was under a group health plan, governmental plan or church plan.
3. You are not eligible for coverage under any of the following plans:
 - a. A group health plan
 - b. Medicare
 - c. Medicaid
4. You do not have any other health coverage.
5. Your most recent health coverage was not terminated because of nonpayment of premiums or fraud.
6. If you had been offered the option to continue coverage under COBRA or a state continuation plan, you both elected and exhausted the continuation coverage.

If we have not yet met our enrollment quota, we will offer you the Ohio health care Basic or Standard benefit plans for purchase. You may need to submit proof of previous creditable coverage.

You are a Non-Federally Eligible Individual if you meet the following conditions -

1. You are not applying for coverage as an employee of an employer, member of an association or member of any other group.
2. You do not have any other health coverage and are not eligible to be covered under any private or public health benefit plans including the following:
 - a. Medicare or Medicare supplement policy
 - b. Medicaid

- c. Any COBRA or state continuation coverage plan
- d. Other health benefits arrangement

If we have not yet met our enrollment quota, we will offer you the Ohio health care Basic and Standard benefit plans for purchase. We are not required to accept applicants who at the time of enrollment, are confined to a health care facility due to chronic illness or permanent injury. As a Non-Federally Eligible Individual coverage may be limited for pre-existing conditions for the first 12 months, however, we will credit time you were covered under a recent previous health plan.

[Click here to view an outline of the terms of the Basic and Standard benefit plans we offer.](#)