HIPAA Special Enrollment Rights Notification

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) includes certain provisions that may affect decisions that you make about your participation in the Plan pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA). Please carefully read the following:

HIPAA provides certain "special enrollment provisions" that may provide a right to enroll in the Plan if:

1. You acquire a new dependent
2. You decline coverage under this Plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons
3. You or a dependent lose coverage under Medicaid or CHIP due to a loss of eligibility (rather than non-payment)
4. You or a dependent become eligible for Medicaid or a State Children's Health insurance Program.

If you request a change pursuant to one of these special enrollment provisions, your coverage will be effective as of the event date that makes you eligible. Specific restrictions may apply, depending on federal and state law.

- ***New Dependent by Marriage, Birth, Adoption, or Placement for Adoption***. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within thirty (30) days after the marriage, birth, adoption, or placement for adoption.
- ***Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program)***. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within thirty (30) days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).
- ***Loss of Coverage for Medicaid or a State Children's Health Insurance Program***. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be eligible to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within sixty (60) days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.
- ***Eligibility for Medicaid or a State Children's Health Insurance Program***. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this Plan, you may be eligible to enroll yourself and your dependents in this Plan. However, you must request enrollment within sixty (60) days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact your Plan Administrator

Pre-existing Condition Exclusion Notification

Certain plans may impose a pre-existing condition exclusion that requires you to wait a certain period of time before the Plan will provide coverage. Such an exclusion may last up to twelve (12) months (18 months for a late enrollee) from your first day of coverage or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of an exclusion period by the number of days of your prior creditable coverage. Most prior health coverage is creditable coverage and can be used to reduce the preexisting condition exclusion if you have not experienced a break in coverage of at least sixty-three (63) days. To reduce/eliminate the twelve (12) month (or 18-month) exclusion period by your creditable coverage, you should provide us a copy of a HIPAA Certificate of Creditable Coverage (HIPAA Certificate), which is a form required by HIPAA that describes the health coverage you and your dependents, if any, have or had, and the dates that you were covered by such plan(s).

If you were covered by a group health plan(s) prior to your employment with us, your previous employer and/or their insurance carrier should have provided you with a HIPAA Certificate. If you had coverage under a previous employer but were not provided a HIPAA Certificate, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show that you have creditable coverage. Please contact your Plan Administrator if you need help demonstrating creditable coverage. Each HIPAA Certificate (or other evidence of creditable coverage) will be reviewed by the Plan Administrator with the assistance of the prior plan administrator or insurer, if necessary, to determine its authenticity. Most prior health coverage is creditable coverage and can be used to reduce any preexisting condition exclusions if you have not experienced a break in coverage of at least sixty-three (63) days.

Under COBRA, your right to continuation coverage terminates if you become covered by another employer's group health plan that does not limit or exclude coverage for your pre-existing conditions. If you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA continuation coverage cannot be immediately terminated. However, if the other plan's pre-existing conditions rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, the employer's group health plans(s) may terminate your COBRA coverage.

Disability Extension

Under COBRA, if the qualifying event is a termination of employment or reduction in hours, affected qualified beneficiaries are entitled to continue coverage for up to eighteen (18) months after the qualifying event, subject to various requirements. Before HIPAA, this eighteen (18) month period could be extended for up to eleven (11) months (for a total COBRA coverage period of up to twenty-nine (29) months from the initial qualifying event) if an individual was determined by the Social Security Administration to have been disabled under the Social Security Act at the time of the qualifying event, and if the plan administrator was notified of that disability determination within sixty (60) days of the determination AND before the end of the original eighteen (18) month period. Under HIPAA, if a qualified beneficiary is determined by the Social Security Administration to be disabled under the Social Security Act at any time during the first sixty (60) days of COBRA coverage, the eleven (11) month extension is available to affected individuals must still comply with the notification requirements in a timely fashion.