

NOTICE OF HIPAA SPECIAL ENROLLMENT RIGHTS

You are eligible to participate in the health insurance plans offered through PEBA Insurance Benefits. To actually participate, you must complete a Notice of Election form and pay the premium.

The Health Insurance Portability and Accountability Act (“HIPAA”) requires PEBA Insurance Benefits to notify you of a very important provision in its health insurance plan. You have the right to enroll in PEBA Insurance Benefits’ health insurance plans under its “special enrollment provision” if you acquire a new dependent or if you decline coverage under PEBA Insurance Benefits’ health insurance plans for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

I. SPECIAL ENROLLMENT PROVISION

▶ **Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program [CHIP]).** 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 PEBA Insurance Benefits’ health insurance plans 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 31 days** after your 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 (CHIP).** 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 able to enroll yourself and your dependents in PEBA Insurance Benefits’ health insurance plans if you or your dependents lose eligibility for that other coverage. However, you must request enrollment **within 60 days** after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

▶ **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 in PEBA Insurance Benefits’ health insurance plans. However, you must request enrollment **within 31 days** after the marriage, birth, adoption or placement for adoption.

▶ **Eligibility for Medicaid or a State Children’s Health Insurance Program (CHIP).** 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, you may be able to enroll yourself and your dependents in PEBA Insurance Benefits’ health insurance plans. However, you must request enrollment **within 60 days** after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about special enrollment provisions in PEBA Insurance Benefits’ health insurance plans, contact your Benefits Administrator [insert name, title, telephone number and any additional contact information for the appropriate plan representative].

II. PREMIUM ASSISTANCE:

If you live in one of the States on the attached list, you may be eligible for assistance paying your employer health plan premiums. The attached list of States is current as of November 3, 2010. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since November 3, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
1-866-444-EBSA (3272) www.dol.gov/ebsa

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
1-877-267-2323, Ext 61565 www.cms.hhs.gov

If you are not enrolled in Medicaid or CHIP, but think you or your dependent might be eligible, contact your State Medicaid or CHIP office, or call 1-877-KIDS-NOW or visit www.insurekidsnow.gov to apply.

<u>CHIP ASSISTANCE:</u>	
Arizona	1-877-764-5437 http://www.azahcccs.gov/applicants/default.aspx
Arkansas	1-888-474-8275 http://www.arkidsfirst.com
Colorado	1-303-866-3243 http://www.CHPplus.org
Idaho	1-800-926-2588 http://www.medicaid.idaho.gov
Massachusetts	1-800-462-1120 http://www.mass.gov/MassHealth
Nevada	1-877-543-7669 http://www.nevadacheckup.nv.org/
New Jersey	1-800-701-0710 http://www.njfamilycare.org/index.html
New Mexico	1-888-997-2583 http://www.hsd.state.nm.us/mad/index.html , click on Insure New Mexico
Oregon	1-877-314-5678 http://www.oregonhealthykids.gov
Virginia	1-866-873-2647 http://www.famis.org/

<u>MEDICAID ASSISTANCE:</u>	
Alabama	1-800-362-1504 http://www.medicaid.alabama.gov
Alaska	Outside Anchorage: 1-888-318-8890; Anchorage: 907-269-6529 http://health.hss.state.ak.us/dpa/programs/medicaid/
California	1-866-298-8443 http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Colorado	1-800-866-3513 http://www.colorado.gov
Florida	1-866-762-2237 http://www.fdhc.state.fl.us/Medicaid/index.shtml
Georgia	1-800-869-1150 http://dch.georgia.gov/ , click "Programs" then select "Medicaid"
Idaho	1-800-926-2588 http://www.accesstohealthinsurance.idaho.gov
Indiana	1-877-438-4479 http://www.in.gov/fssa/2408.htm
Iowa	1-888-346-9562 www.dhs.state.ia.us/hipp/
Kansas	1-800-766-9012 https://www.khpa.ks.gov
Kentucky	1-800-635-2570 http://chfs.ky.gov/dms/default.htm
Louisiana	1-888-342-6207 http://www.lahipp.dhh.louisiana.gov
Maine	1-800-321-5557 http://www.maine.gov/dhhs/oms/
Massachusetts	1-800-462-1120 http://www.mass.gov/MassHealth
Minnesota	Outside Twin City area: 1-800-657-3739; Twin City area: 1-651-431-2670 http://www.dhs.state.mn.us/ , click on Health Care, then Medical Assistance
Missouri	1-573-751-6944 http://www.dss.mo.gov/mhd/index.htm
Montana	1-800-694-3084 http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Nebraska	1-877-255-3092 http://www.dhhs.ne.gov/med/medindex.htm
Nevada	1-800-992-0900 http://dwss.nv.gov/

New Hampshire	1-603-271-4238 http://www.dhhs.nh.gov/ombp/index.htm
New Jersey	1-800-356-1561 http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
New Mexico	1-888-997-2583 http://www.hsd.state.nm.us/mad/index.html
New York	1-800-541-2831 http://www.nyhealth.gov/health_care/medicaid/
North Carolina	1-919-855-4100 http://www.nc.gov
North Dakota	1-800-755-2604 http://www.nd.gov/dhs/services/medicalserv/medicaid/
Oklahoma	1-888-365-3742 http://www.insureoklahoma.org
Oregon	1-877-314-5678 http://www.oregonhealthykids.gov
Pennsylvania	1-800-644-7730 http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm
Rhode Island	1-401-462-5300 http://www.dhs.ri.gov
South Carolina	1-888-549-0820 http://www.scdhhs.gov
Texas	1-800-440-0493 https://www.gethipptexas.com/
Utah	1-866-435-7414 http://health.utah.gov/medicaid/
Vermont	1-800-250-8427 http://ovha.vermont.gov/
Virginia	1-800-432-5924 http://www.dmas.virginia.gov/rcp-HIPP.htm
Washington	1-800-562-3022, ext. 15473 http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm
West Virginia	1-304-342-1604 http://www.wvrecovery.com/hipp.htm
Wisconsin	1-800-362-3002 http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm
Wyoming	1-307-777-7531 http://www.health.wyo.gov/healthcarefin/index.html