

## **HIPAA Special Enrollment Rights under the Logan-Hocking Local School District Plan**

You are or may become eligible to participate in Logan-Hocking Local School District Health Plan (the "Plan"). A federal law called HIPAA requires that we notify you about a very important provision in the Plan. This is your right to enroll in the Plan under its "special enrollment provision" if you acquire a new dependent, or if 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.

### **I. Special Enrollment Provision**

**Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).** If you decline enrollment for yourself or 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 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage.)

**Loss for 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 ("CHIP") 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. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state CHIP.

**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 30 days after the marriage, birth, adoption or placement for adoption.

**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 CHIP with respect to coverage under this Plan, you may request to enroll yourself and your dependents in this Plan, provided that your request is made not later than 60 days after the date that Medicaid or the state child health plan determines that you and/or your dependent(s) are eligible for such financial assistance.

To request special enrollment or to obtain more information about the Plan's special enrollment provisions, contact Cindy Spangler 740-385-8510 Ext 2723.

## **II. Interaction with COBRA**

The Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) includes some provisions that may affect decisions you make about your participation in Group Health Plan under the Consolidated Omnibus Budget Reconciliation Act of 1985 (“COBRA”). These provisions are as follows:

1. Under COBRA, if the qualifying event is a termination or reduction in hours of employment, affected qualified beneficiaries are entitled to continue coverage for up to 18 months after the qualifying event, subject to various requirements. 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 60 days of COBRA coverage, an 11-month extension is available to all individuals who are qualified beneficiaries due to the termination or reduction in hours of employment. The disabled individual can be a covered employee or any other qualified beneficiary. However, to be eligible for the 11-month extension, affected individuals must still comply with the notification requirements in a timely fashion.

2. A child that is born to or placed for adoption with the covered employee during a period of COBRA coverage will be eligible to become a qualified beneficiary. In accordance with the terms of the employer’s group health plan(s) and the requirements of Federal law, these qualified beneficiaries can be added to COBRA coverage upon proper notification to the Plan Administrator of the birth or adoption.

If you have any questions about your special enrollment or COBRA rights or this Notice, please contact Cindy Spangler 740-385-8510 Ext 2723.