

Annual Required Compliance Notices

(In Addition to Medicare Part D creditable coverage
&
CHIPRA/Medicaid premium subsidy notice)

Notice of HIPAA Special Enrollment Rights and Women's Health and Cancer Rights Act

Our records show that you may be eligible to participate in the Lyons Central School's group health plan (the "Plan").

A Federal statute named the Health Insurance Portability and Accountability Act (often called "HIPAA") requires that we notify you about very important mid-year enrollment provisions in the Plan, called "special enrollment rights." Special enrollment rights allow you to enroll in the Plan mid-year if certain events occur, such as if you acquire a new dependent, 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 (or an employer subsidy toward that coverage) for certain qualifying reasons, or for certain events related to Medicaid and Child Health Insurance Programs. In addition, this notice advises you of your rights under the Women's Health and Cancer Rights Act.

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 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 other coverage or that of your dependents). You may also enroll if you or your eligible dependent exhausts COBRA continuation coverage. However, you must request enrollment within 30 days after your other coverage or that of your dependents ends (or after the employer stops contributing toward your other coverage or that of your dependents). Although Federal law grants you a special enrollment right in these situations, you or your dependents must still meet the eligibility requirements of the Plan. The Plan's eligibility requirements are described in the Plan's Summary Plan Description.

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 able to enroll yourself and your dependents in the Plan if you or your dependents lose eligibility for that other coverage, so long as you or your dependents meet the eligibility requirements of the Plan. However, you must request enrollment within 60 days after your coverage or that of your dependents 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 the Plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.^[1]

^[1] This is a description of your rights under Federal law; Connecticut law provides different rights.

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 the Plan, you may be able to enroll yourself and your dependents in the Plan, so long as you or your dependents meet the eligibility requirements of the Plan. However, you must request enrollment within 60 days after your determination of eligibility for such assistance, or the determination of eligibility of your dependents.

To request special enrollment or to obtain more information about the Plan's special enrollment provisions and eligibility requirements, contact Mary Britt, ext 2012.

II. Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998. For individuals receiving mastectomy related benefits under the Plan, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the Plan. More information on deductibles and coinsurance is available in the Plan's Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC).

All questions about the Women's Health and Cancer Rights Act should be directed Mary Britt, ext 2012.