

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 [Greenville County Schools Benefits Department, Phone (864) 355-0960].

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.

| CHIP ASSISTANCE: | | |
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| 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.CHPlus.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/ |

| MEDICAID ASSISTANCE: | | |
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| 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/ |

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| 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 |