

Allegheny College

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) NOTICE

Federal law requires that group health plans allow certain employees and dependents special enrollment rights when they previously declined coverage and when they have new dependents. This law, the Health Insurance Portability Accountability Act (“HIPAA”) also addresses the circumstances under which treatment for medical conditions may be excluded from health plan coverage.

The information in this notice is intended to inform you, in a summary fashion, of your rights and obligations under these laws. **You, your spouse and any dependents should take the time to read the entire notice carefully.**

SPECIAL ENROLLMENTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage). However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must enroll within 30 days after the marriage, birth, adoption, or placement for adoption.

The Plan will not treat pregnancy as a pre-existing condition. Additionally, the Plan will not impose any pre-existing condition exclusion or limitation with regard to a child who, as of the last day of the 30-day period beginning with the date of birth, adoption, or placement for adoption, is covered under the Plan or has other creditable coverage.

If, at or before the time you decline coverage, you fail to provide a written statement that coverage was being declined because you or your dependent had other coverage, the plan is not required to provide special enrollment to you or any of your dependents. To request special enrollment or obtain more information, contact the Office of Human Resources, 520 North Main Street, Meadville, PA 16335.

PRE-EXISTING CONDITIONS LIMITATIONS

Under HIPAA, the circumstances under which treatment for medical conditions may be excluded from health plan coverage are limited. Under the law, the length of a pre-existing condition or exclusion must be reduced by your prior health plan coverage. A “pre-existing condition” is a sickness or injury for which you have received or were advised to receive medical or dental attention (care, treatment services, medication, diagnosis, or consultation) during the six-month period immediately prior to your date of hire.

CERTIFICATE OF CREDITABLE COVERAGE

You are entitled to a certificate from your employer, or former employer, that shows evidence of your prior health coverage. HIPAA requires an employer to provide a certificate of creditable coverage to:

- (1) An individual who is entitled to elect COBRA continuation coverage;

- (2) An individual who loses coverage under a group health plan and who is not entitled to elect COBRA continuation coverage; and
- (3) An individual who has elected COBRA continuation coverage and such coverage ends for any reason.

Plans must also provide a certificate of creditable coverage upon request by a plan participant within 24 months of a loss of coverage.

APPLYING FOR REDUCTION OF A PRE-EXISTING CONDITION LIMITATION

The pre-existing condition limitation period will be reduced by creditable coverage you have had under other qualifying health plans provided you have not experienced a period of more than 63 continuous days during which you were not covered by a health plan, excluding any waiting period for plan coverage. Qualifying group health plans include: (1) a group health plan; (2) any group or individual health insurance; (3) Medicare; (4) Medicaid; (5) a military-sponsored health care program; (6) a medical care program of the Indian Health Service or of a tribal organization; (7) a state health benefits risk pool; (8) a public health plan; or (9) any health plan under section 5(c) of the Peace Corps Act.

Following your submission of a certificate of creditable coverage from your prior group health plan(s), the plan administrator will notify you of your pre-existing condition limitation period under the health plan. If you feel that the plan administrator erred in determining your period of creditable coverage under another group health plan in arriving at your pre-existing condition limitation period under this plan, you may appeal the determination by making a written request for review to the plan administrator within thirty (30) days of notice of your applicable pre-existing condition limitation period under the health plan. Please include with your appeal any evidence you feel should be considered by the plan administrator. The plan administrator will respond to your request for review within thirty (30) days of receipt of the appeal.

OBTAINING ADDITIONAL INFORMATION

If you have any questions about this notice or the law, please contact Allegheny College Office of Human Resources at 520 North Main Street, Meadville, PA 16335. Also if you have changed marital status, or if you, your spouse or any other qualified dependent has changed addresses, please notify the Human Resources Department.