



Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health or group health coverage, you may be able to enroll yourself and your dependents in our plan if you or your dependents lose eligibility of 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 the other coverage ends.

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth adoption or placement of adoption.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).



Newborn and Mother's Health Protection Act

This 1996 Federal law states: "Group plans and health insurers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth."

The law provides that neither you nor your newborn baby may be sent home less than 48 hours following a natural childbirth. If you have a Caesarean section, you may remain at the hospital for 96 hours. A longer stay is based on medical necessity, which is determined by your physician. However, the law does not prohibit either of you from going home in less than 48 hours, or 96 hours following a Caesarean section, provided that you and your physician agrees that is safe to do so.

Women's Health and Cancer Rights Act of 1998

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Prosthesis and physical complications for all stages of a mastectomy, including lymph edemas (swelling associated with the removal of the lymph nodes).

The group health plan must determine the coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.



GINA

The Genetic Information Nondiscrimination Act of 2008 (P.L. 110-233, 122 Sta. 881), also referred to as GINA, is a Federal law that prohibits discriminations in the health coverage and employment based on genetic information. The President signed the act into law on May 21, 2008.

Patient Protection Disclosure

United Healthcare and Kaiser Permanente health plans generally allow the designation of a primary care physician. You have the right to designate any primary care physician who accepts new patients. For children, pediatricians may be designated as primary care physicians. For more information related to physician designations, please contact the member services number below.

Additionally, no prior authorization is required for access to obstetrical or gynecological care from a provider in your carrier's respective network of specialists. However, the network specialist may be required to comply with specific procedures to provide an appropriate level of care. Prior authorizations, treatment plans, and referrals may be required to provide further service for ongoing care. For more information related to Obstetric and Gynecological or primary care providers available in United Healthcare and Kaiser Permanente's network of physicians, please contact:

United Healthcare Member Services:
866-414-1959

Kaiser Permanente Member Services:
800-788-0710