# Notice of HIPAA Special Enrollment Rights

You are eligible to participate in the health insurance plans offered through the S.C. Public Employee Benefit Authority (PEBA). To actually participate, you must complete a *Notice of Election* and pay the premium.

The Health Insurance Portability and Accountability Act (HIPAA) requires PEBA to notify you of a very important provision in its health insurance plan. You have the right to enroll in PEBA’s health insurance plans under its special enrollment provision if you acquire a new dependent or if you decline coverage under PEBA’s 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’s 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’s 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’s 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’s 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’s health insurance plans, contact your benefits administrator [insert name, title, telephone number and any additional contact information for the appropriate plan representative].

## 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](http://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](http://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](http://www.insurekidsnow.gov/) to apply.

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| **CHIP assistance** | |
| Arizona | 1.877.764.5437 <http://www.azahcccs.gov/applicants/default.aspx> |
| Arkansas | 1.888.474.8275 [http://www.arkidsfirst.com](http://www.arkidsfirst.com/) |
| Colorado | 1.303.866.3243 [http://www.CHPplus.org](http://www.chpplus.org/) |
| Idaho | 1.800.926.2588 [http://www.medicaid.idaho.gov](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,](http://www.hsd.state.nm.us/mad/index.html) click on Insure New Mexico |
| Oregon | 1.877.314.5678 [http://www.oregonhealthykids.gov](http://www.oregonhealthykids.gov/DHS/healthplan/app_benefits/ohp4u.shtml) |
| Virginia | 1.866.873.2647 <http://www.famis.org/> |

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| **MEDICAID assistance** | |
| Alabama | 1.800.362.1504 [http://www.medicaid.alabama.gov](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](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/,](http://dch.georgia.gov/) click “Programs” then select “Medicaid” |
| Idaho | 1.800.926.2588 [http://www.accesstohealthinsurance.idaho.gov](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/](http://www.dhs.state.ia.us/hipp/) |
| Kansas | 1.800.766.9012 [https://www.khpa.ks.gov](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](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/,](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/> |
| 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](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](http://www.insureoklahoma.org/) |
| Oregon | 1.877.314.5678 [http://www.oregonhealthykids.gov](http://www.oregonhealthykids.gov/DHS/healthplan/index.shtml) |
| 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](http://www.dhs.ri.gov/) |
| South Carolina | 1.888.549.0820 [http://www.scdhhs.gov](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](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](http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm) |
| Wyoming | 1.307.777.7531 <http://www.health.wyo.gov/healthcarefin/index.html> |