SPECIAL ENROLLMENT AND HIPAA PRIVACY LAWS

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 and 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 63 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 a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 63 days after the marriage, birth, adoption or placement for adoption.

Creditable Coverage

The act defines creditable coverage as coverage under an individual policy, an employer-provided group plan (either insured or self-funded) and HMO, Medicare, Medicaid, or various public plans, regardless of whether the coverage is provided to a person as an individual, an employee, or a dependent. However, coverage is not creditable if there has been a break in coverage of 62 days or more. The act requires an employer to automatically give persons losing group coverage a certificate that specifies the period of creditable coverage under the plan they are leaving, including any period of COBRA coverage. In addition, the employee must provide the certificate to anyone who requests it within 24 months after coverage ceased. If an individual is eligible for COBRA coverage, the certificate must be provided no later than the time when a COBRA election notice must be provided.

Medical Privacy Rule at a Glance

Covered information includes medical records or other data that contain individually identifiable health information that may be used or disclosed in any form such as electronically, on paper, or orally.

Patient Rights

Patients must be given a clear written explanation of how health information will be used or disclosed. In addition, patients will generally have a right of access to their own medical information and may request an amendment to records and restrictions in use. A complaint procedure must be provided to resolve privacy violations.

Limits on Use and Release

Disclosures of health information should be limited to the minimum amount necessary for specified purposes, and non-medical disclosures are permitted only upon a patient's written authorization. Disclosures for public health or law enforcement purposes are permitted when required or permitted by law.

PRETAX PREMIUMS

If you choose to enroll, many of your health and welfare benefit payroll deductions will be taken on a pretax basis. WCGME will deduct these premiums from your paycheck before taxes are calculated. This means you will not pay FICA tax, federal income tax, and in most states, state income tax on the amount of your medical, dental, vision and some optional plan premiums. Because this plan is governed by Internal Revenue Service regulations, your elections are annual. Therefore, you may not change your election during the plan year unless: 1) the change you make is because of and consistent with a change in status; and 2) you notify the Human Resources department of your change in status in writing within 30 days following the change.

The definition of a change in status includes:

- Marital status - Marriage, death of spouse, divorce, legal separation or annulment;
- Eligibility - A child reaches the limiting age for coverage;
- Employment - The beginning or termination of employment of the employee, spouse or child; change in employment status by the employee, a spouse or child (meeting IRS guidelines);
- Number of family members - Birth, adoption or placement for adoption, or death;
- Residence or work site - A move outside a health benefit plan's service area.

As a result of a family status change, you may drop coverage, change the coverage type within the plan(s) you're presently enrolled in and/or change your spending accounts. If you drop any benefit paid for with pretax dollars, you may not re-enroll in that plan until enrollment in a subsequent plan year is available or until you have another change in family status.