

HIPAA SPECIAL ENROLLMENT RIGHTS

New Dependent

If you acquire a new dependent as a result of marriage, birth, adoption or placement for adoption, or full, legal custody or guardianship, then:

- You can enroll yourself and your new dependent in any medical benefit option. (You can switch from your current option if you are already enrolled.)
- The new election will be effective on the date of the marriage, birth, adoption, or placement for adoption.
- You must notify Ingram **within 31 days** of the date you acquire your new dependent. Otherwise, you will not be permitted to enroll the dependent until the next annual open enrollment period.

If You or Your Dependent Lose Other Coverage

If you decide not to elect medical coverage for yourself, your spouse or domestic partner, and/or your eligible dependents because you or your dependents have other medical coverage (for example, through your spouse's or domestic partner's plan), and you or your dependents lose that coverage for one of the following reasons:

- you and/or your dependents are no longer eligible for other coverage;
- another employer stops making contributions toward the other coverage;
- the coverage was provided under a COBRA continuation provision, and the right to that continued coverage has ended; or
- you and/or your dependents no longer reside or work in an HMO's service area, and there is no alternative benefit option;

then you can enroll yourself and/or your dependents in any available medical plan option as long as you notify Ingram within 31 days of the date the other coverage ends.

If You or Your Dependent Become Eligible for Premium Assistance Under Medicaid/CHIP

If you or your dependent become eligible to have Medicaid or a state Children's Health Insurance Program (CHIP) assist in the payment of your coverage under the plan, then:

- You can enroll yourself and your eligible dependents in any medical benefit option. (You can switch from your current option if you are already enrolled.)
- The new election will be effective on the date you or your dependent are determined eligible for such assistance.
- You must make your election within 60 days of the date you or your dependent became eligible for such assistance.

If You or Your Dependent Lose Medicaid/CHIP Coverage

If you or your dependents are enrolled for coverage under Medicaid or CHIP, and you or your dependents lose that coverage because you or your dependents are no longer eligible for that coverage, then:

- You can enroll yourself and your eligible dependents in any medical benefit option. (You can switch from your current option if you are already enrolled.)
- The new election will be effective on the date of the status change.
- You must make your new election within 60 days of the date the Medicaid/CHIP coverage ends.

You must notify your HR Department or the Ingram Benefits Department within 31 days of the qualifying event (60 days for a Medicaid/CHIP event). You will need to submit supporting documentation verifying the change. Your new coverage becomes effective on the date the event occurred.

If you do not notify your HR Department or the Ingram Benefits Department within the 31-day period (60-day period for Medicaid/CHIP events), you will have to wait until the next annual open enrollment to make a change to your benefits.

Premium Assistance Programs

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the legal notice included with your enrollment materials, you can 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, you can:

1. contact your state Medicaid or CHIP office,
2. dial 1-877-KIDSNOW, or
3. visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for our group plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, our group health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in our group plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**