

# **USA CHOICE & USA SELECT**

## **HEALTH PLAN NOTICES**

Medicare Part D Creditable Coverage Notice  
HIPAA Comprehensive Notice of Privacy Policy and Procedures



In addition, if you otherwise lose other creditable prescription drug coverage (such as under an individual policy) through no fault of your own, you will be able to join a Medicare drug plan, again without penalty. These special enrollment periods end two months after the month in which your other coverage ends.

**Compare Coverage**

You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. See the USA plan description for a summary by contacting us at the telephone number or address listed below.

**Coordinating Other Coverage With Medicare Part D**

Generally speaking, if you decide to join a Medicare drug plan while you have other creditable prescription drug coverage, you will be able to join a Medicare drug plan without penalty. See the USA plan description for a summary by contacting us at the telephone number or address listed below.





request in writing to the Privacy Official. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. The Plan must agree to your request as long as it is reasonably easy for it to accommodate the request.

**To Inspect and Copy Your PHI:** Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI in the possession of the Plan or its vendors if you put your request in writing. The Plan, or someone on behalf of the Plan, will respond to your request, normally within 30 days. If your request is denied, you will receive written reasons for the denial and an explanation of any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed but may be waived, depending on your circumstances. You have a right to choose what portions of your information you want copied and to receive, upon request, prior information on the cost of copying. ciy (o2 rTD ors996 (s)1th)6996 (o-10 (.)-21 c.006Pe )- ors996 (s). ( c)-4

# NOTICE OF SPECIAL ENROLLMENT RIGHTS

## USA HEALTH & DENTAL PLANS Æ USA CHOICE & USA SELECT EMPLOYEE HEALTH CARE PLAN

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 later 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 toward your

Loss of eligibility includes but is not limited to:

eligibility requirements (e.g., divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);  
Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;  
Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;  
Failing to return from an FMLA leave of absence; and  
Loss of eligibil

Unless the event giving rise to your special enrollment right is a loss of eligibility under Medicaid or CHIP, you must request enrollment within *30 days* employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you may request enrollment under this plan within **60 days** of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy toward this plan, you may request enrollment under this plan within **60 days** after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 for adoption.

To request special enrollment or obtain more information, contact:

Tina Stalmach  
Senior Director, Human Resources  
(251) 460-6133







**Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?**

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USA Health & Dental Plans USA Choice & USA Select are required by law to provide you with the following notice: