

General Notice of Special Enrollment Rights Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This Notice applies to employees of Battelle Memorial Institute (including Battelle Corporate Operations, Pacific Northwest National Laboratories, Battelle Services Company, Inc. and Battelle National Biodefense Institute) who are eligible to participate in the Medical Plan for BMI Active Staff ("Plan"), including the Network Only Plan, Traditional Plan, Premier PPO Plan, Bargaining PPO Plan and the PPO Plan for Active Staff of PNWD.

Loss of "Other Coverage" -- You may be able to enroll yourself and your eligible dependents in the Plan if you lose eligibility for other coverage due to the exhaustion of COBRA coverage, you and/or your spouse's loss of eligibility under another group health plan or termination of employer contributions to other coverage. To elect coverage in the Plan, your election form must be received by the Benefits Administration Office within **31 days** of the effective date of the change in other coverage. You will be required to provide documentation to the Benefits Administration Office regarding the changes to the other coverage, as well as verification of dependent eligibility. Coverage in the Plan will be effective as of the first day of the month following receipt of the properly completed forms within the 31-day period.

New Dependents -- In addition, if you have a new dependent as a result of marriage, domestic partner registration, birth, adoption, or placement for adoption, you may be able to enroll yourself, your spouse/registered partner and your new eligible dependent children. However, your election form must be received by the Benefits Administration Office within **31 days** of the effective date of the marriage, registration, birth, adoption, or placement for adoption. You will also be required to provide documentation to the Benefits Administration Office verifying dependent eligibility. Coverage will be effective retroactively back to the date of marriage, registration, birth, adoption or placement for adoption.

Medicaid/CHIP Eligibility -- Effective April 1, 2009, employees and dependents who are eligible for the Plan but not enrolled may enroll in the Plan if they lose Medicaid or Children's Health Insurance Program (CHIP) coverage because they are no longer eligible, or if they become eligible for a state's premium assistance program. Your election form must be received by the Benefits Administration Office within **60 days** from the date of the Medicaid/CHIP event to request enrollment under the Plan. You will also be required to provide documentation to the Benefits Administration Office verifying dependent eligibility. If you request this change, coverage is effective as of the first day of the month following receipt of the properly completed forms within the 60-day period. Specific restrictions may apply, depending on federal and state law.

This notice is as complete and accurate as possible; however, it is based on the written Plan document, which is available for your review. The Plan documents govern the benefits described in this notice. If there is any discrepancy between this notice and the Plan documents, the Plan documents will always govern.

To request special enrollment or obtain more information, contact your component's Benefits Office at (614) 424-6350 (BCO) or (509) 375-6361 (PNNL).