

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 and Battelle Pacific Northwest Division), Battelle Services Company, Inc., Battelle Energy U.K., LLC and Battelle National Biodefense Institute, LLC who are eligible to participate in the Medical Plan for BMI Active Staff (the “Plan”), including the Network Only Plan, Premier PPO Plan, Bargaining PPO Plan and the PPO Plan for Active Staff of PNWD.

Loss of “Other Coverage” (Excluding Medicaid or a State Children’s Health Insurance Program) -- If you are declining enrollment for yourself or your dependents (including your spouse or registered partner) 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the 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.

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 dependents. 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.

Medicaid/CHIP Eligibility -- Employees and dependents who are eligible for the Plan but not enrolled, may enroll in the Plan if they lose Medicaid or State Children’s Health Insurance Program (CHIP) coverage because they are no longer eligible. In addition, employees and dependents who become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this Plan, may be able to enroll in the Plan. To request enrollment in the Plan, your election form must be received by the Benefits Administration Office within **60 days** from the date of the Medicaid/CHIP event. You will also be required to provide documentation to the Benefits Administration Office verifying dependent eligibility.

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).